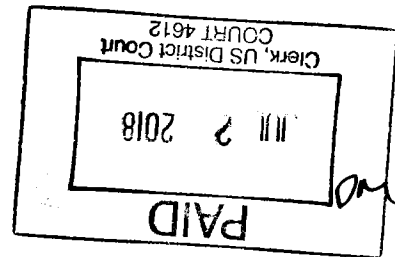


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** Pro hac vice applications forthcoming*

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

WESTERN DIVISION

CV18-06352-ODW(MAA)

UNITED STATES OF AMERICA and the STATES OF
ALASKA, CALIFORNIA, COLORADO, CONNECTICUT,
DELAWARE, FLORIDA, GEORGIA, HAWAII, ILLINOIS,
INDIANA, IOWA, LOUISIANA, MARYLAND,
MASSACHUSETTS, MICHIGAN, MINNESOTA,
MONTANA, NEVADA, NEW HAMPSHIRE, NEW
JERSEY, NEW MEXICO, NEW YORK, NORTH
CAROLINA, OKLAHOMA, RHODE ISLAND,
TENNESSEE, TEXAS, VERMONT, VIRGINIA,
WASHINGTON, and the DISTRICT OF COLUMBIA
ex rel.

NICHOLAS FINCH and NICHOLAS SACCOMANNO

Plaintiffs/Relators,

vs.

NIHON KOHDEN CORPORATION, NIHON KOHDEN
AMERICA, INC., and NIHON KOHDEN ORANGEMED,
INC.

Defendants.

Case No. _____

COMPLAINT FOR
VIOLATIONS OF
THE FEDERAL AND
STATE FALSE
CLAIMS ACTS;
DEMAND FOR JURY
TRIAL

**FILED UNDER SEAL
PURSUANT TO 31
U.S.C. § 3730(B)(2)**

DO NOT ENTER
ON PACER

DO NOT PLACE
IN PRESS BOX

1 Relators Nicholas Finch (“Mr. Finch”) and Nicholas Saccomanno (“Mr.
 2 Saccomanno”) (collectively, the “Relators”), by and through the undersigned
 3 counsel, and on behalf of the United States of America (“United States”) and the
 4 States of Alaska, California, Colorado, Connecticut, Delaware, Florida, Georgia,
 5 Hawaii, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan,
 6 Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New
 7 York, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Vermont,
 8 Virginia, State of Washington, and the District of Columbia (collectively, the
 9 “States”), hereby allege as follows:

10 **I. INTRODUCTION**

11 1. This is a *qui tam* action by Relators, filed on behalf of the United States
 12 and States, against Nihon Kohden Corporation (“NK Corporation”), Nihon Kohden
 13 America, Inc. (“NK America”) and Nihon Kohden OrangeMed, Inc. (“NK
 14 OrangeMed”) (collectively, “Nihon Kohden” or “Defendants”) for using, making,
 15 presenting, and causing to make, use, or present false statements and claims to the
 16 governments of the United States and States (collectively, the “Government”) in
 17 violation of the False Claims Act, 31 U.S.C. § 3729, *et seq.* and applicable State law.

18 2. This case is about the fraudulent practices occurring at Nihon
 19 Kohden—an international giant in the medical device industry earning hundreds of
 20 millions in global revenue each year. In 2017 alone, Nihon Kohden generated \$18.9
 21 billion yen (approximately \$170 million USD) in medical device sales in just the
 22 Americas—primarily in the United States.¹ In addition, in 2016, NK America was
 23 also awarded a \$35 million federal contract with the U.S. Department of Defense for
 24

25
 26 ¹ This figure is from Nihon Kohden’s 2017 annual report which is consolidated for
 27 NK Corporation and its subsidiaries, including NK America. *Nihon Kohden*
 28 *Report 2017* at 18, [https://www.nihonkohden.com/ir/library/pdf/NKreport2017E](https://www.nihonkohden.com/ir/library/pdf/NKreport2017E.pdf)
 .pdf (last visited July 3, 2018).

1 patient monitoring equipment.²

2 3. The fraud alleged herein is straightforward. Since at least 2012—but
3 upon information and belief, as early as 2008—Nihon Kohden has unlawfully
4 marketed, distributed and sold various adulterated/misbranded/off-label patient
5 monitoring medical devices without the necessary premarket government approval.
6 More specifically, Nihon Kohden has a corporate-wide practice and culture of
7 entirely ignoring the Food and Drug Administration (“FDA”)’s 510(k) clearance
8 process. And since the arrival of NK America’s current CEO in 2014, Dr. Wilson
9 Constantine, this fraud has continued to worsen and grow each year.³

10 4. This fraud involves multiple patient monitoring devices, including, but
11 not limited to, Nihon Kohden’s: (i) BSM-1700 monitor(s); (ii) BSM-3500
12 monitor(s); (iii) tele-transmitter(s); and (iv) remote network station(s) (“RNS(s)”) (all adulterated/misbranded/off-label products together, the “Monitoring Devices”).
13 All of these Monitoring Devices are adulterated/misbranded/off-label and have been
14 adulterated/misbranded/off-label for a number of years, but were nonetheless
15

16
17 ² Contract No. SPM2D1-12-D-8300 is a one-year base contract with eight one-year
18 option periods for patient monitoring equipment, to be used by the Air Force,
19 Army, Navy, Marine Corps, and federal civilian agencies. *Contracts: Defense*
20 *Logistics Agency*, U.S. DEP’T OF DEFENSE (Oct. 26, 2016), available at
21 <https://www.defense.gov/News/Contracts/Contract-View/Article/987608/> (last
22 visited July 5, 2018).

23 ³ The current CEO of NK America—Dr. Wilson P. Constantine—was previously a
24 vice president of OtisMed Corporation and Stryker Corporation in 2014, when
25 OtisMed pleaded guilty and paid over \$80 million to resolve allegations that it
26 violated FDA marketing clearance regulations and introducing adulterated medical
27 devices into interstate commerce. *OtisMed Corporation and Former CEO Plead*
28 *Guilty to Distributing FDA-Rejected Cutting Guides for Knee Replacement*
Surgeries: Corporation to Pay More than \$80 Million to Resolve Criminal and
Civil Investigations, U.S. DEP’T OF JUSTICE, U.S. Attorney’s Office District of New
Jersey (Dec. 8, 2014), available at [https://www.justice.gov/usao-nj/pr/otismed-](https://www.justice.gov/usao-nj/pr/otismed-corporation-and-former-ceo-plead-guilty-distributing-fda-rejected-cutting-guides)
corporation-and-former-ceo-plead-guilty-distributing-fda-rejected-cutting-guides
(last visited July 3, 2018).

1 marketed, distributed and sold by Nihon Kohden. Relators believe that over 50% of
2 all of Nihon Kohden's devices are adulterated/misbranded/off-label, and that the
3 particular devices discussed herein make up well over half of Nihon Kohden's
4 annual revenue in the U.S.

5 5. Rather than go through the proper FDA channels, Nihon Kohden side-
6 steps the 510(k) clearance process altogether by simply adding an internal "letter to
7 the file" ("LTF") to a different device that received 510(k) clearance years earlier.
8 These internal LTFs are improper because the Monitoring Devices are significantly
9 different from any previously-cleared devices and, therefore, require their own
10 independent 510(k) clearance. For years, Nihon Kohden has purposely evaded this
11 requirement in order to rush its adulterated/misbranded/off-label Monitoring
12 Devices to market without being delayed by the FDA clearance process. Simply
13 put, market demand and profits have superseded regulatory requirements for a
14 number of years

15 6. Nihon Kohden has received multiple complaints from consumers
16 regarding these Monitoring Devices. But because these devices are all
17 adulterated/misbranded/off-label, Nihon Kohden never submitted any of these
18 complaints to the FDA. Had it done so, it would have notified the FDA that it was
19 marketing and distributing adulterated/misbranded/off-label devices—thereby
20 blowing the whistle on itself. As a result, numerous consumer complaints go
21 unreported each year. In fact, Nihon Kohden has even recalled several Monitoring
22 Devices in response to consumer complaints. But once again, because these
23 Monitoring Devices are all adulterated/misbranded/off-label and not filed with the
24 FDA, these recalls go unreported as well.

25 7. Over the years, multiple employees, including Relators, have voiced
26 concerns to corporate leadership about the internal LTF process and the
27 adulterated/misbranded/off-label devices. To date, Nihon Kohden has purposely
28 ignored and rebuked all such complaints. As a result, the fraud still continues to this

1 day.

2 8. Under the terms of the False Claims Act, this Complaint is to be filed
3 *in camera* and under seal and is to remain under seal for a period of at least 60 days
4 and shall not be served on Defendant until the Court so orders. The Government
5 may elect to intervene and proceed with the action within the 60-day time frame, or
6 within any extensions of that initial sixty-day period granted by the Court for good
7 cause shown, after it receives both the Complaint and the statement of material
8 evidence submitted to it.

9 **II. NATURE OF THE ACTION**

10 9. This is an action to recover treble damages and civil penalties arising
11 from the fraudulent conduct of Defendants for using, making, presenting, and
12 causing to make, use, or present false statements and claims to the Government in
13 violation of the False Claims Act, 31 U.S.C. § 3729 *et seq.* and all applicable State
14 laws (collectively, the “False Claims Act”).

15 10. Under the False Claims Act, a private person may bring an action in
16 federal district court for himself and for the United States and States, and may share
17 in any recovery. 31 U.S.C. § 3730(b). That private person is known as a “Relator”
18 and the action that the Relator brings is called a *qui tam* action.

19 **III. JURISDICTION AND VENUE**

20 11. This Court has subject matter jurisdiction to adjudicate this action under
21 28 U.S.C. §§ 1331 and 1345.

22 12. This Court has personal jurisdiction over the Defendants pursuant to 31
23 U.S.C. § 3732(a) because Defendants transact and have transacted business in this
24 District.

25 13. Venue is proper in this District under 31 U.S.C. § 3732 and 28 U.S.C.
26 § 1391(b) and (c) because Defendants are located in and transact business in this
27 District.
28

1 **IV. THE PARTIES**

2 14. The Relators bring this action on behalf of the United States, including
3 its agency, the Department of Health and Human Services (“HHS”), its component,
4 the Centers for Medicare & Medicaid Services (“CMS,” formerly the Health Care
5 Financing Administration (“HCFA”)), and all other Government healthcare
6 programs, such as Medicaid, TRICARE/CHAMPUS, Blue Cross/Blue Shield –
7 CHIP, and Veterans Administration (“VA”).

8 15. The Relators also bring this action on behalf of all other United States
9 agencies and departments, including the Department of Defense, the United States
10 Army, the United States Air Force, the United States Navy, the United States Marine
11 Corps., and all related agencies thereto.

12 16. The Relators also bring this action on behalf of the States of Alaska
13 California, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa,
14 Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada,
15 Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma,
16 Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, and the District
17 of Columbia, along with all state counterpart agencies to the federal agencies
18 referenced above.

19 17. The Relators also bring this action on behalf of themselves, as permitted
20 under the False Claims Act.

21 a. Relator Nicholas Finch is a citizen of the United States and a
22 resident of the State of California who has spent the last six years in
23 the patient monitoring industry. From 2013 to 2018, Mr. Finch
24 worked at NK America as a Level 2 Project Manager where he was
25 responsible for managing and developing for market release new
26 product interfaces for Nihon Kohden’s patient monitoring devices.

27 b. Relator Nicholas Saccomanno is a citizen of the United States and a
28 resident of the State of California with 8 years at years of industry

1 experience. Mr. Saccomanno worked at NK America as a Project
2 Manager (from 2010 to 2013) and Senior Project Manager (from
3 2015 to 2018) where he led project development for patient
4 monitoring devices for market release.

5 18. Mr. Finch and Mr. Saccomanno both discovered the allegations set
6 forth herein while employed at NK America. Relators are original sources of these
7 allegations, and have direct and independent knowledge of the information on which
8 the allegations set forth in this Complaint are based.

9 19. Defendant Nihon Kohden Corporation is a Japanese corporation with
10 its principal place of business at 1-13-4 Nishiochiai, Shinjuku-ku, Tokyo 161-8560,
11 Japan. NK Corporation is a global manufacturer, developer, and distributor of
12 medical electronic equipment, including electroencephalograms (EEGs),
13 electromyography (EMG) measuring systems, electrocardiograms (ECGs or EKGs)
14 and other patient monitors.

15 20. Defendant Nihon Kohden America, Inc. is a California corporation
16 with its principal place of business located at 15353 Barranca Parkway, Irvine,
17 California 92618. NK America is a subsidiary of NK Corporation. NK America
18 develops, manufactures, and distributes Nihon Kohden medical electronic
19 equipment for patient monitoring throughout the North America region.

20 21. Defendant Nihon Kohden OrangeMed, Inc. is a California corporation
21 with its principal place of business located at 1800 E. Wilshire Avenue, Santa Ana,
22 California 92705. NK OrangeMed is a sales and research/development subsidiary
23 of NK Corporation.

1 **V. LEGAL FRAMEWORK**

2 **A. The False Claims Act**

3 22. The False Claims Act (“FCA”) imposes civil liability upon any person
4 who:

5 (A) knowingly presents, or causes to be presented, a false
6 or fraudulent claim for payment or approval;

7 (B) knowingly makes, uses, or causes to be made or used,
8 a false record or statement material to a false or fraudulent
9 claim; [or]

10

11 (G) knowingly makes, uses, or causes to be made or used,
12 a false record or statement material to an obligation to pay
13 or transmit money or property to the Government, or
14 knowingly conceals or knowingly and improperly avoids
15 or decreases an obligation to pay or transmit money or
16 property to the Government.

17 31 U.S.C. § 3729(a). The Affordable Care Act requires a person who has received
18 an overpayment from the Government to report and return the overpayment within
19 60 days of identification, or the date that any corresponding cost report is due; and
20 failure to report and return the overpayment is an obligation for purposes of the False
21 Claims Act under 31 U.S.C. § 3729(a)(1)(G). *See* 42 U.S.C. § 1320a-7k(d).

22 23. For purposes of the FCA, the terms “knowing” and “knowingly”:

23 (A) mean that a person, with respect to information – (i)
24 has actual knowledge of the information; (ii) acts in
25 deliberate ignorance of the truth or falsity of the
26 information; or (iii) acts in reckless disregard of the truth
27 or falsity of the information; and

28 (B) require no proof of specific intent to defraud.

31 U.S.C. § 3729(b). Effective November 2, 2015 (the date of enactment of the
Federal Civil Penalties Inflation Adjustment Act, Improvements Act of 2015, Public
Law 114-74, sec. 701 (“2015 Amendments”)), the penalties increased from a
minimum-maximum per-claim penalty of \$5,500 and \$11,000 to \$10,781 and
\$21,563. The increased amounts apply to civil penalties assessed for violations
occurring after November 2, 2015. Violations that occurred on or before November

1 2, 2015 are subject to the previous penalty amounts. On February 3, 2016, pursuant
2 to the 2015 Amendments annual re-indexing of the FCA penalties for inflation, the
3 civil penalties again increased to a minimum-maximum per-claim penalty of
4 \$10,957 and \$21,916. As of January 19, 2018, the FCA penalties were again
5 increased to the current minimum-maximum per-claim penalty of \$11,181 and
6 \$22,363.

7 **B. The Medicare Program**

8 24. The Health Insurance for the Aged and Disabled Program, popularly
9 known as the Medicare program, was created in 1965 as part of the Social Security
10 Act (“SSA”) to pay the costs of certain healthcare services for eligible individuals.
11 The Secretary of Health and Human Services (“HHS”), an agency of the United
12 States whose activities, operations, and contracts are paid from federal funds,
13 administers the Medicare program through the Centers for Medicare and Medicaid
14 Services (“CMS”), a component of HHS.

15 25. Medicare is a 100% federally subsidized health insurance system for
16 eligible Americans, including those aged 65 and older, certain disabled people, and
17 certain people with chronic diseases who elect coverage. 42 U.S.C. § 1395c; *see* 42
18 U.S.C. §§ 1395j-1395w. To participate in Medicare, a provider must sign and file a
19 Provider Agreement with CMS promising compliance with applicable statutes,
20 regulations, and guidance. 42 U.S.C. § 1395cc; 42 C.F.R. § 412.23(e)(1). Medicare
21 service providers have a legal duty to familiarize themselves with Medicare’s
22 reimbursement rules, including those delineated in the Medicare Manuals. *Heckler*
23 *v. Cmty. Health Serv. of Crawford Co., Inc.*, 467 U.S. 51, 64–65 (1984).

24 26. Under Medicare Part B, providers are typically compensated for the
25 services they provide to Medicare beneficiaries on a “fee-for-service” basis as
26 determined by Medicare’s fee schedule. 42 U.S.C. § 1395w-4. To obtain
27 compensation, providers must deliver a compensable service, certify that the service
28 was medically necessary for the health of the patient, certify that the service was

1 personally furnished by the physician (or under his or her immediate supervision),
2 and determine the appropriate diagnosis and procedure code to describe the problem
3 and service for billing.

4 27. In order to bill Medicare, a provider must submit a form called the CMS
5 1500. The form describes, among other things, the provider, the patient, the referring
6 physician, the services provided by procedure code, the related diagnosis code(s),
7 the dates of service, and the amounts charged. The provider certifies on the CMS
8 1500 claim that the information provided is truthful and that the services billed on
9 the form were “medically indicated and necessary.”

10 28. Reimbursement for Medicare claims is made by the United States
11 through HHS. CMS is an agency of HHS and is directly responsible for the
12 administration of the Medicare program. CMS, in turn, contracts with private
13 insurance carriers to administer and pay claims from the Medicare Trust Fund. *See*
14 42 U.S.C. § 1395u. Claims submitted for reimbursement are to be paid in
15 accordance with the Social Security Act, Code of Federal Regulations, and Medicare
16 Rules and Regulations promulgated by CMS.

17 **C. The Medicaid Program**

18 29. Medicaid is a joint federal-state program that pays for healthcare
19 services for low-income individuals, including pregnant women, children, and
20 parents and other caretaker relatives, as well as elderly and disabled individuals. As
21 a result of the Affordable Care Act, each state had the option to expand eligibility
22 for Medicaid beginning in calendar year 2014 to all nonelderly adults with income
23 below 138 percent of the federal poverty guidelines.

24 30. Medicaid is jointly funded by state and federal governments. The
25 federal government’s share of each state’s Medicaid spending, known as the Federal
26 Medical Assistance Percentage (“FMAP”), is based upon the state’s per capita
27 income compared to the national average. 42 U.S.C. § 1396d(b). Such share must
28 be at least 50 percent, but no more than 83 percent, and historically has averaged

1 about 57 percent. In other words, the federal government guarantees to match at
2 least \$1 in federal funds for every \$1 any individual state spends on its Medicaid
3 program.

4 31. State Medicaid programs must comply with the minimum requirements
5 set forth in the federal Medicaid statute to qualify for federal funding. 42 U.S.C. §
6 1396a. In order to receive reimbursement from Medicaid, a provider must submit a
7 signed claims form to the state's Medicaid program, certifying that the information
8 on the form is "true, accurate, and complete." 42 C.F.R. § 455.18. The provider
9 further certifies that it "understand[s] that payment of this claim will be from federal
10 and state funds, and that any falsification, or concealment of a material fact, may be
11 prosecuted under federal and state laws." *Id.*

12 **D. Regulation of Medical Devices**

13 32. The Food & Drug Administration ("FDA") is a federal governmental
14 agency responsible for protecting the health and safety of the public by assuring,
15 among other things, that medical devices are safe and effective for their intended
16 uses and that the labeling of such devices bear true and accurate information. Under
17 the federal Food, Drug and Cosmetic Act (21 U.S.C. §§ 301–397, the "FDCA"), the
18 FDA regulates the manufacture, labeling, and shipment in interstate commerce of
19 such devices.

20 33. Under the FDCA, every manufacturer of a device is required to obtain
21 authorization from the FDA prior to marketing its devices, unless the device is a
22 Class I or II device and the manufacturer can demonstrate that the device is
23 "substantially equivalent" to another device already legally marketed in the United
24 States.

25 34. To establish "substantial equivalence," the manufacturer must submit a
26 Section 510(k) application to the FDA which establishes that the new device: (1) has
27 the same intended use as a predicate device; and (2) the device either (a) has the
28 same technological characteristics as the predicate, or (b) does not raise new

1 questions of safety or efficacy and demonstrates that the new device is at least as
2 safe and effective as the old device. In order obtain Section 510(k) clearance, the
3 device must have the same intended use as an existing, legally marketed device.

4 35. To be eligible for Medicare/Medicaid coverage, a product or device
5 must be “reasonable and necessary” for the treatment of illness or injury or to
6 improve functioning of a malformed body member. CMS has interpreted this
7 “reasonable and necessary” standard to require that a product or device—at
8 minimum—be safe and effective, which in turn, means that, unless exempt, it must
9 have been approved or cleared for marketing by the FDA. Medical devices that lack
10 approval from the FDA are not reimbursable. 42 C.F.R. § 411.15(o) and 405.211(c).

11 36. Federal regulations also provide that a manufacturer must submit a
12 premarket notification submission, such as a 510(k) request, when “[t]he device is
13 one that the person currently has in commercial distribution . . . but *that is about to*
14 *be significantly changed or modified in design, components, method of*
15 *manufacture, or intended use.*” 21 C.F.R. § 807.81 (emphasis added).

16 37. A device is “adulterated” if it is required to have, but does not have,
17 FDA premarket approval for its intended use. The FDCA prohibits the introduction
18 of adulterated medical devices into interstate commerce. 21 U.S.C. § 331(a).

19 38. A device is “misbranded” if the manufacturer of that device was
20 required to file a 510(k) premarket notification with the FDA 90 days prior to
21 introducing the device into interstate commerce and failed to do so. The FDCA
22 prohibits the introduction of misbranded medical devices into interstate commerce.
23 21 U.S.C. § 331(a).

24 39. Adulterated devices and misbranded devices may not be introduced
25 into commerce, and neither are eligible for use or reimbursement by Medicare,
26 Medicaid, or any other health insurance program funded by the Government.

1 **VI. FACTUAL ALLEGATIONS**

2 40. Since at least 2012—but upon information and belief, as early as
3 2008—Nihon Kohden has unlawfully marketed, distributed and sold various
4 adulterated/misbranded/off-label patient monitoring medical devices without the
5 necessary premarket government approval. More specifically, Nihon Kohden has a
6 corporate-wide practice and culture of entirely ignoring the FDA’s 510(k) clearance
7 process.

8 41. Rather than go through the proper FDA channels, Nihon Kohden side-
9 steps the 510(k) clearance process altogether by simply adding an internal “letter to
10 the file” to another device that received 510(k) clearance years earlier. These
11 internal LTFs are improper because the Monitoring Devices are significantly
12 different from any previously-cleared devices and, therefore, require their own
13 independent 510(k) clearance. For years, Nihon Kohden has purposely evaded this
14 requirement in order to rush its Monitoring Devices to market without being delayed
15 by the FDA clearance process. Simply put, market demand and profits have
16 superseded regulatory requirements for a number of years.

17 42. By way of example, some of Nihon Kohden’s most adulterated and
18 misbranded devices include, but are not limited to: its: (i) BSM-1700(s); (ii) BSM-
19 3500(s); (iii) tele-transmitter(s); and (iv) remote network station(s) (“RNS(s)”).
20 These devices are further discussed below:

21 **A. The BSM-1700 Bedside Monitor**

22 43. Back in 2008, Nihon Kohden received 510(k) clearance for its BSM-
23 6000 series bedside monitor on the basis that it was substantially equivalent to
24 certain other Nihon Kohden predicate devices—namely, the BSM-5130A and the
25 ORG-9700. A true and accurate copy of Nihon Kohden’s marketing brochure for
26 the BSM-6000 series bedside monitor is attached hereto as **Exhibit A**.

27 44. In 2011, Nihon Kohden introduced the BSM-1700. It is considered the
28 world’s smallest fully-featured patient monitor, and is one of Nihon Kohden’s best-

1 selling devices. A true and accurate copy of Nihon Kohden's marketing brochure for
2 the BSM-1700 is attached hereto as **Exhibit B**.

3 45. The BSM-1700 is a bedside monitor capable of serving as a WLAN
4 transport monitor, standard transport monitor, stand-alone monitor, or an input unit
5 for the BSM-6000 bedside monitor. When not being used as a stand-alone model or
6 transport monitor, the BSM-1700 serves as a host device to the BSM-6000 series. The
7 BSM-1700 displays the patient's parameters on a screen, communicates the patient's
8 data over a network, and charges the internal batteries of the BSM-1700. When the
9 patient is transferred to a different location, the BSM-1700 disconnects from the
10 6000 series (which remains stationary) and goes with the patient to his or her next
11 location. The BSM-1700 is considered the world's smallest fully featured transport
12 monitor; and compared to the BSM-6000 series, had significant changes and
13 modifications to its design, material, energy source, manufacturing process, and its
14 intended use.

15 46. A comparative review of the BSM-1700 versus the BSM-6000 further
16 illustrates the differences between these two monitoring devices. Such differences
17 include, but are not limited to, differences in size, weight, resolution, power source,
18 multi-functionality, user interface operations, internal software, and device
19 hardware. A true and accurate copy of Nihon Kohden's "Bedside Monitor
20 Specification Comparison," which outlines the differences between the BSM-1700
21 and BSM-600, is attached hereto as **Exhibit C**.

22 47. Given these significant changes and modifications, Nihon Kohden was
23 required to file a premarket notification submission with the FDA seeking
24 independent 510(k) clearance for the BSM-1700 device. Nihon Kohden was
25 required to demonstrate how—despite these significant changes—the BSM-1700
26 was still substantially equivalent to the BSM-6000 series. To date, Nihon Kohden
27 has failed to file any such submission. Instead, it simply filed an internal LTF against
28 its original BSM-6000 series, and introduced the BSM-1700 into commerce without

1 any premarket clearance/approval.

2 48. Since the BSM-1700 was first introduced in 2011, the device has
3 undergone additional software and hardware changes, each of which have been
4 documented by additional internal LTFs against the original 6000 series. There are
5 now nearly a dozen internal LTFs for the various changes made to the BSM-1700—
6 all of which were applied against the original BSM-6000 series. Once again, the
7 BSM-1700 to this day still has no independent clearance on its own.

8 49. Nihon Kohden knew that a new 510(k) submission was required for the
9 BSM-1700, yet intentionally chose not to file one. For example, an internal email
10 amongst Nihon Kohden personnel and leadership dated December 9, 2014, subject
11 line titled “RE: Software upgrade: BWM-1700 VO1-10” states:

12 With these changes I am in agreement that the LTF is
13 appropriate. *I remain concerned however that this device*
14 *needs a catch-up 510(k)* as the original introduction of the
15 device raises questions that we would find difficult to
defend. *The more changes we make to the device the*
more difficult it will be to indicate why the device does
not have an independent clearance.

16 Nihon Kohden’s CEO, Dr. Wilson Constantine, was copied on this email.

17 50. The BSM-1700 has now been on the market for several years and is
18 used regularly by hospitals and healthcare providers throughout the United States.
19 The BSM-1700 costs approximately \$7,560.00 to \$7,830.00. This is Nihon
20 Kohden’s highest selling device and is one of its greatest revenue generators.

21 **B. The BSM-3500 Bedside Monitor Series**

22 51. In 2014, Nihon Kohden introduced the BSM-3500—another bedside
23 monitor that, like the BSM-1700, has an internal LTF filed against the BSM-6000
24 and lacks its own FDA clearance or approval. The BSM-35000 is an all-in-one
25 bedside monitor specifically designed for ambulatory and specialty center use. A
26 copy of Nihon Kohden’s marketing brochure for the BSM-3500 is attached hereto
27 as **Exhibit D**.

28 52. Compared to the BMS-6000 series, the BSM-3500 had significant

1 changes and modifications to its design, material, energy source, manufacturing
2 process, and its intended use. A true and accurate copy of Nihon Kohden's "Bedside
3 Monitor Specification Comparison," which outlines the differences between the
4 BSM-3500 and the BSM-6000, is attached hereto as **Exhibit C**.

5 53. As a result, Nihon Kohden was required to file a premarket notification
6 submission with the FDA seeking independent 510(k) clearance for the BSM-3500
7 device. Nihon Kohden was required to demonstrate how—despite these significant
8 changes—the BSM-3500 was still substantially equivalent to the BSM-6000 series.

9 54. To date, Nihon Kohden has failed to file any such submission—and the
10 BSM-3500 has no FDA approval or clearance. Instead (and as with the BSM-1700),
11 Nihon Kohden simply filed an internal LTF against its original BSM-6000 series,
12 and introduced the BSM-3500 into commerce without any premarket
13 clearance/approval. In a letter to the FDA dated August 25, 2015, Nihon Kohden
14 represented to the FDA that "[t]he BSM-3500 Series models are just additional
15 models of the BSM-6000 Series." This statement is flat wrong.

16 55. Nihon Kohden continues to make additional changes to BSM-3500;
17 and with each change, adds another internal LTF to the 6000 series. One LTF is
18 specific to the marketing and release of the BSM-3500, describing it as an equivalent
19 to the BSM-6000 series. Future LTFs for software changes and hardware
20 configurations have all been filed against the original 510(k) for the BSM-6000
21 series (with some software/hardware changes not being LTF'd at all).

22 56. Like the BSM-1700, the BSM-3500 has been on the market for several
23 years and is now regularly used by healthcare providers across the nation. The BSM-
24 3500 is one of Nihon Kohden's top selling devices and costs approximately \$6,000.

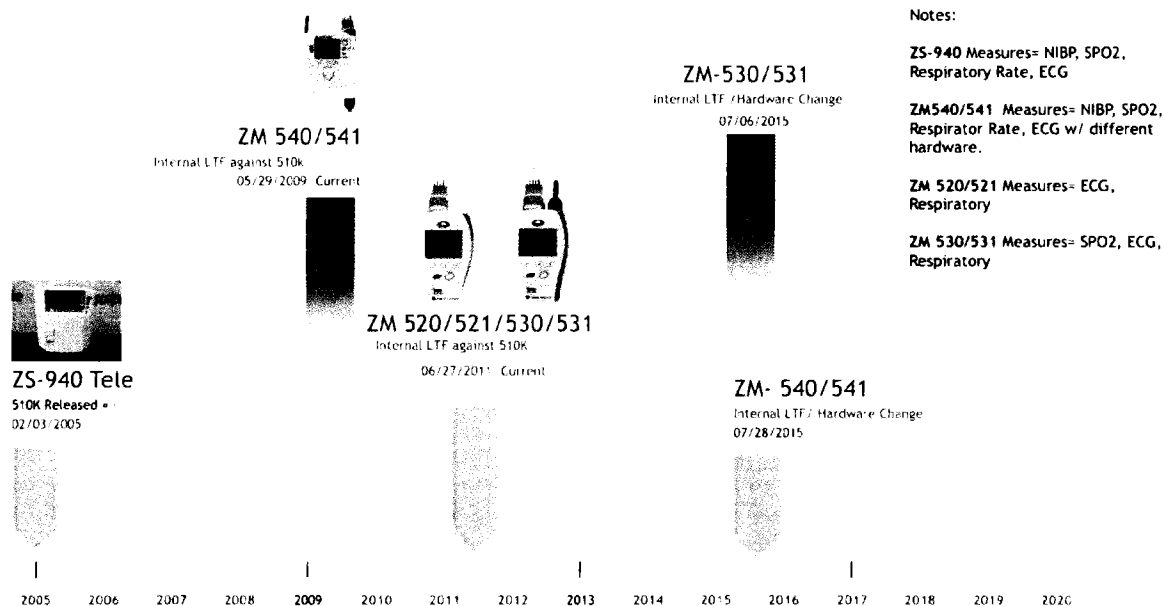
25 **C. Tele-Transmitter(s)**

26 57. In 2005, Nihon Kohden's ZS-940 transmitter received 510(k)
27 clearance. Since then, Nihon Kohden has released at least ten new devices, each
28 containing substantial changes regarding their hardware, software, user interface,

1 and intended uses. Such devices included: (i) the ZM-540 and ZM-541 (released in
2 2009); (ii) the ZM-530, ZM 521, ZM-530, and ZM-531 (released in 2011), and ZM-
3 530, ZM-531, ZM-540, and ZM-541 (released in 2015).

4 58. These new devices are completely different compared to the original
5 ZS-940. As such, each of these new devices required their own separate 510(k)
6 clearance. But instead, Nihon Kohden simply added an internal LTF against its
7 original ZS-940 device (which received clearance back in 2005). None of the new
8 devices were submitted or reviewed by the FDA, but were nevertheless introduced
9 marketed, distributed and sold by Nihon Kohden.

10 59. The following chart illustrates this timeline.



21 60. These tele-transmitter devices cost approximately \$3,000 per
22 transmitter, depending on the model and feature set. However, telemetry
23 transmitters also require a receiver device which cost another \$12,000 - \$14,000 per
24 device. Telemetry transmitters are some of the most popular devices sold, exceeding
25 the volume of bedside monitor sales. These devices make up a substantial portion
26 of Nihon Kohden's annual revenue.
27
28

D. The Remote Network Station (RNS-9703)

61. In 2010, Nihon Kohden obtained 510(k) clearance for its CNS-6200 Central Nurse Station. The device was cleared for use to provide cardiac and vital signs monitoring for multiple patients within a medical facility. The CNS-6200 displays and records physiological data from individual bedside monitors and/or telemetry received transmitters and mimics an alarm when a measured parameter falls outside a preset limit.

62. In 2014, Nihon Kohden introduced the remote network station, RNS-9703, which provides for secondary monitoring of up to sixteen patients who are centrally monitored on a CNS. Compared to the CNS, the RNS has significant changes and modifications to its design, material, energy source, manufacturing process, and its intended use.

63. For example, the CNS serves as the primary monitoring station for all BSM-6000s/17000s/3000s and tele-transmitters, allowing hospitals' nurses to view and monitor patients remotely (typically from a nurse station), and stores patient data on a hard drive. In contrast, the RNS is an independent viewing station with different hardware and software and which requires an "RNS Server" on the network to enable the devices overall functionally. Unlike the CNS, no data is stored on the RNS, and such data is displayed in real-time.

64. Given these significant changes and modifications, Nihon Kohden was required to file a premarket notification submission with the FDA seeking independent 510(k) clearance for the RNS. Nihon Kohden was required to demonstrate how—despite these significant changes—the RNS was still substantially equivalent to the CNS. To date, Nihon Kohden has failed to file any such submission. Instead, Nihon Kohden introduced the RNS-9703 as an "accessory" to the CNS as a means to circumvent the 510(k) approval process. Rather than submit a 510(k) for the RNS, Nihon Kohden simply added an internal LTF to its CNS file, and introduced the BSM-1700 into commerce without any

1 premarket clearance/approval.

2 65. The RNS has now been on the market for eight years and costs
3 approximately \$7,350. Approximately 200 – 250 RNS units are sold annually.

4 * * * * *

5 66. With respect to all of these devices, Nihon Kohden knew that the
6 Monitoring Devices either did not have the same intended use as their predicates
7 (including off-label uses), had different technological characteristics (including
8 significant hardware and software alterations), and raised safety and efficacy issues.
9 As a result, the Monitoring Devices all needed their own independent 510(k)
10 clearance (if not a wholly new and separate FDA premarket approval). Nihon
11 Kohden did neither, yet still introduced the Monitoring Devices into interstate
12 commerce.

13 67. Nihon Kohden has received multiple complaints from consumers
14 regarding these Monitoring Devices. For example, Nihon Kohden has received
15 constant complaints of communication losses amongst devices, where patient data
16 and information is not being reported from device to device. Nihon Kohden has also
17 received complaints about devices failing due to software upgrades. This is because
18 Nihon Kohden rushes its monitoring devices to market without first conducting
19 adequate testing.

20 68. Because these devices are all adulterated/misbranded/off-label, Nihon
21 Kohden never once submitted any of these complaints to the FDA. Had Nihon
22 Kohden done so, it would have notified the FDA that it was marketing and
23 distributing adulterated/misbranded/off-label devices. As a result, numerous
24 consumer complaints go unreported each year.

25 69. In fact, Nihon Kohden has even recalled several Monitoring Devices in
26 response to consumer complaints. For example, one significant recall in 2016 was
27 against the RNS-9703 product—which never received 510(k) clearance, only an
28 internal LTF. But once again, because these Monitoring Devices are all

1 adulterated/misbranded/off-label and not filed with the FDA, these recalls go
2 unreported as well.

3 70. This type of fraud has been occurring at Nihon Kohden for many years
4 and is pervasive across its entire business. Multiple employees, including Relators,
5 have voiced concerns about the LTF process to Nihon Kohden's leadership. Mr.
6 Finch has reported these specific issues to Nihon Kohden's Vice President of Human
7 Resources, who wholly ignored this issue and declined to perform any investigation
8 into the various adulterated/misbranded/off-label devices. In many research and
9 development meetings, various product managers and senior engineers would also
10 state that alterations of these devices require new 510(k) submissions with the FDA,
11 rather than an internal LTF. All of these concerns have been ignored, and Nihon
12 Kohden still continues its fraud to this day.

13 71. At all relevant times, Nihon Kohden knew that the Government
14 routinely paid hospitals for their use of the Monitoring Devices. Thus, Nihon
15 Kohden knew that the Government would receive numerous claims for
16 reimbursement for their Monitoring Devices. Nihon Kohden also knew that the
17 Government (including all federal and state funded healthcare programs) would not
18 pay for the use of these Monitoring Devices. In fact, had the Government known
19 that the Monitoring Devices were adulterated/misbranded/off-label and lacked FDA
20 clearance, the Government would not have paid the reimbursement claims.
21 Consequently, every claim presented to the Government for use of a Monitoring
22 Device was a false claim, and each claim was knowingly caused by Nihon Kohden.

23 72. The damages incurred by the Government as a result of the foregoing
24 fraud are substantial. This fraud impacts all Government agencies that made any
25 payment for use of a Monitoring Device, including all reimbursement claims paid
26 by federal and state healthcare programs, as well as all payments made pursuant to
27 any federal defense contracts. Relators estimate that, since 2012, the Government
28 has improperly paid tens of millions of dollars in false claims for the

1 adulterated/misbranded/off-label Monitoring Devices.

2 **COUNT ONE**

3 **VIOLATION OF THE FALSE CLAIMS ACT**

4 **31 U.S.C. § 3729(a)(1)(A)**

5 73. Relator incorporates by reference the allegations set forth in the
6 foregoing paragraphs as though fully set forth herein.

7 74. As set forth above, from at least 2012 through the present, Defendants
8 presented false or fraudulent claims for payment, or knowingly caused false or
9 fraudulent claims for payment to be presented, to officials of the United States
10 Government in violation of 31 U.S.C. § 3729(a)(1)(A).

11 75. By virtue of the false or fraudulent claims submitted or caused to be
12 submitted by Defendants, the United States suffered actual damages and therefore is
13 entitled to multiple damages under the False Claims Act, to be determined at trial,
14 plus a civil penalty for each violation.

15 **COUNT TWO**

16 **VIOLATION OF THE FALSE CLAIMS ACT**

17 **31 U.S.C. § 3729(a)(1)(B)**

18 76. Relator incorporates by reference the allegations set forth in the
19 foregoing paragraphs as though fully set forth herein.

20 77. As set forth above, from at least 2012 through the present, Defendants
21 knowingly made, used, or caused to be made or used false records or statements
22 material to false or fraudulent claims in violation of 31 U.S.C. § 3729(a)(1)(B).
23 Defendants knowingly and falsely certified that its claims for reimbursement
24 complied with all applicable laws and regulations.

25 78. By virtue of the false or fraudulent claims submitted or caused to be
26 submitted by Defendants, the United States suffered actual damages and therefore is
27 entitled to multiple damages under the False Claims Act, to be determined at trial,
28 plus a civil penalty for each violation.

COUNT THREE

VIOLATION OF THE FALSE CLAIM ACT

31 U.S.C. 3729(a)(1)(C)

79. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as through fully set forth herein.

80. As set forth above, from at least 2012 through the present, Defendants knowingly conspired to commit a violation of the False Claims Act in violation of 31 U.S.C. §3729(a)(1)(C).

81. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the United States suffered actual damages and therefore is entitled to multiple damages under the False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT FOUR

VIOLATION OF THE ALASKA MEDICAL ASSISTANCE

FALSE CLAIMS AND REPORTING ACT

ALASKA STAT. § 09.58.010(a)(1)

82. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

83. This is a claim for penalties and treble damages under the Alaska Medical Assistance False Claims and Reporting Act.

84. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Alaska false or fraudulent claims for payment or approval in violation of Alaska Stat. § 09.58.010(a)(1).

85. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Alaska suffered actual damages and therefore is entitled to multiple damages under the Alaska Medical Assistance False Claims and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

1 **COUNT FIVE**

2 **VIOLATION OF THE ALASKA MEDICAL ASSISTANCE**

3 **FALSE CLAIMS AND REPORTING ACT**

4 **ALASKA STAT. § 09.58.010(a)(2)**

5 86. Relator incorporates by reference the allegations set forth in the
6 foregoing paragraphs as though fully set forth herein.

7 87. This is a claim for penalties and treble damages under Alaska Medical
8 Assistance False Claims and Reporting Act.

9 88. As set forth above, from at least 2011 through the present, Defendants
10 knowingly made, used, or caused to be made or used false records or statements
11 material to a false or fraudulent claim submitted to the State of Alaska in violation
12 of in violation of Alaska Stat. § 09.58.010(a)(2).

13 89. By virtue of the false or fraudulent claims submitted or caused to be
14 submitted by Defendants, the State of Alaska suffered actual damages and therefore
15 is entitled to multiple damages under the Alaska Medical Assistance False Claims
16 and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

17 **COUNT SIX**

18 **VIOLATION OF THE ALASKA MEDICAL ASSISTANCE**

19 **FALSE CLAIMS AND REPORTING ACT**

20 **ALASKA STAT. § 09.58.010(a)(3)**

21 90. Relator incorporates by reference the allegations set forth in the
22 foregoing paragraphs as though fully set forth herein.

23 91. This is a claim for penalties and treble damages under the Alaska
24 Medical Assistance False Claims and Reporting Act.

25 92. As set forth above, from at least 2011 through the present, Defendants
26 knowingly conspired together to commit violations of the Alaska Medical
27 Assistance False Claims and Reporting Act in violation of Alaska Stat. §
28 09.58.010(a)(3).

1 93. By virtue of the false or fraudulent claims submitted or caused to be
2 submitted by Defendants, the State of Alaska suffered actual damages and therefore
3 is entitled to multiple damages under the Alaska Medical Assistance False Claims
4 and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

5 **COUNT SEVEN**

6 **VIOLATION OF THE CALIFORNIA FALSE CLAIMS ACT**

7 **CAL. GOV'T CODE § 12651(A)(1)**

8 94. Relator incorporates by reference the allegations set forth in the
9 foregoing paragraphs as though fully set forth herein.

10 95. This is a claim for penalties and treble damages under the California
11 False Claims Act.

12 96. As set forth above, from at least 2011 through the present, Defendants
13 knowingly presented or caused to be presented to the State of California false or
14 fraudulent claims for payment or approval in violation of Cal. Gov't Code
15 §12651(A)(1).

16 97. By virtue of the false or fraudulent claims submitted or caused to be
17 submitted by Defendants, the State of California suffered actual damages and
18 therefore is entitled to multiple damages under the California False Claims Act, to
19 be determined at trial, plus a civil penalty for each violation.

20 **COUNT EIGHT**

21 **VIOLATION OF THE CALIFORNIA FALSE CLAIMS ACT**

22 **CAL. GOV'T CODE § 12651(A)(2)**

23 98. Relator incorporates by reference the allegations set forth in the
24 foregoing paragraphs as though fully set forth herein.

25 99. This is a claim for penalties and treble damages under the California
26 False Claims Act.

27 100. As set forth above, from at least 2011 through the present, Defendants
28 knowingly made, used, or caused to be made or used false records or statements

1 material to a false or fraudulent claim submitted to the State of California in violation
2 of in violation of Cal. Gov't Code §12651(A)(2).

3 101. By virtue of the false or fraudulent claims submitted or caused to be
4 submitted by Defendants, the State of California suffered actual damages and
5 therefore is entitled to multiple damages under the California False Claims Act, to
6 be determined at trial, plus a civil penalty for each violation.

7 **COUNT NINE**

8 **VIOLATION OF THE CALIFORNIA FALSE CLAIMS ACT**

9 **CAL. GOV'T CODE § 12651(A)(3)**

10 102. Relator incorporates by reference the allegations set forth in the
11 foregoing paragraphs as though fully set forth herein.

12 103. This is a claim for penalties and treble damages under the California
13 False Claims Act.

14 104. As set forth above, from at least 2011 through the present, Defendants
15 knowingly conspired together to commit violations of the California False Claims
16 Act in violation of Cal. Gov't Code §12651(A)(3).

17 105. By virtue of the false or fraudulent claims submitted or caused to be
18 submitted by Defendants, the State of California suffered actual damages and
19 therefore is entitled to multiple damages under the California False Claims Act, to
20 be determined at trial, plus a civil penalty for each violation.

21 **COUNT TEN**

22 **VIOLATION OF THE COLORADO MEDICAID FALSE CLAIMS ACT**

23 **COLO. REV. STAT. §25.5-4-305(1)(a)**

24 106. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 107. This is a claim for penalties and treble damages under the Colorado
27 Medicaid False Claims Act.

28 108. As set forth above, from at least 2011 through the present, Defendants

1 knowingly presented or caused to be presented to the State of Colorado false or
 2 fraudulent claims for payment or approval in violation of Colo. Rev. Stat. §25.5-4-
 3 305(1)(a).

4 109. By virtue of the false or fraudulent claims submitted or caused to be
 5 submitted by Defendants, the State of Colorado suffered actual damages and
 6 therefore is entitled to multiple damages under the Colorado Medicaid False Claims
 7 Act, to be determined at trial, plus a civil penalty for each violation.

8 **COUNT ELEVEN**

9 **VIOLATION OF THE COLORADO MEDICAID FALSE CLAIMS ACT**

10 **COLO. REV. STAT. §25.5-4-305(1)(b)**

11 110. Relator incorporates by reference the allegations set forth in the
 12 foregoing paragraphs as though fully set forth herein.

13 111. This is a claim for penalties and treble damages under the Colorado
 14 Medicaid False Claims Act.

15 112. As set forth above, from at least 2011 through the present, Defendants
 16 knowingly made, used, or caused to be made or used false records or statements
 17 material to a false or fraudulent claim submitted to the State of Colorado in violation
 18 of Colo. Rev. Stat. §25.5-4-305(1)(b).

19 113. By virtue of the false or fraudulent claims submitted or caused to be
 20 submitted by Defendants, the State of Colorado suffered actual damages and
 21 therefore is entitled to multiple damages under the Colorado Medicaid False Claims
 22 Act, to be determined at trial, plus a civil penalty for each violation.

23 **COUNT TWELVE**

24 **VIOLATION OF THE COLORADO MEDICAID FALSE CLAIMS ACT**

25 **COLO. REV. STAT. §25.5-4-305(1)(g)**

26 114. Relator incorporates by reference the allegations set forth in the
 27 foregoing paragraphs as though fully set forth herein.

28 115. This is a claim for penalties and treble damages under the Colorado

1 Medicaid False Claims Act.

2 116. As set forth above, from at least 2011 through the present, Defendants
3 knowingly conspired together to commit violations of the Colorado Medicaid False
4 Claims Act in violation of Colo. Rev. Stat. §25.5-4-305(1)(g).

5 117. By virtue of the false or fraudulent claims submitted or caused to be
6 submitted by Defendants, the State of Colorado suffered actual damages and
7 therefore is entitled to multiple damages under the Colorado Medicaid False Claims
8 Act, to be determined at trial, plus a civil penalty for each violation.

9 **COUNT THIRTEEN**

10 **VIOLATION OF THE CONNECTICUT FALSE CLAIMS**

11 **CONN GEN. STAT. §4-275(1)**

12 118. Relator incorporates by reference the allegations set forth in the
13 foregoing paragraphs as though fully set forth herein.

14 119. This is a claim for penalties and treble damages under the Connecticut
15 False Claims Act.

16 120. As set forth above, from at least 2011 through the present, Defendants
17 knowingly presented or caused to be presented to the State of Connecticut false or
18 fraudulent claims for payment or approval in violation of Conn. Gen. Stat. §4-
19 275(1).

20 121. By virtue of the false or fraudulent claims submitted or caused to be
21 submitted by Defendants, the State of Connecticut suffered actual damages and
22 therefore is entitled to multiple damages under the Connecticut False Claims Act, to
23 be determined at trial, plus a civil penalty for each violation.

24 **COUNT FOURTEEN**

25 **VIOLATION OF THE CONNECTICUT FALSE CLAIMS ACT FOR**
26 **MEDICAL ASSISTANCE PROGRAMS**

27 **CONN. GEN. STAT. §4-275(2)**

28 122. Relator incorporates by reference the allegations set forth in the

1 foregoing paragraphs as though fully set forth herein.

2 123. This is a claim for penalties and treble damages under the Connecticut
3 False Claims Act.

4 124. As set forth above, from at least 2011 through the present, Defendants
5 knowingly made, used, or caused to be made or used false records or statements
6 material to a false or fraudulent claim submitted to the State of Connecticut in
7 violation of Conn. Gen. Stat. §4-275(2).

8 125. By virtue of the false or fraudulent claims submitted or caused to be
9 submitted by Defendants, the State of Connecticut suffered actual damages and
10 therefore is entitled to multiple damages under the Connecticut False Claims Act, to
11 be determined at trial, plus a civil penalty for each violation.

12 **COUNT FIFTEEN**

13 **VIOLATION OF THE CONNECTICUT FALSE CLAIMS ACT FOR**
14 **MEDICAL ASSISTANCE PROGRAMS**

15 **CONN. GEN. STAT. §4-275(3)**

16 126. Relator incorporates by reference the allegations set forth in the
17 foregoing paragraphs as though fully set forth herein.

18 127. This is a claim for penalties and treble damages under the Connecticut
19 False Claims Act for Medical Assistance Programs.

20 128. As set forth above, from at least 2011 through the present, Defendants
21 knowingly conspired together to commit violations of the Connecticut False Claims
22 Act in violation of Conn. Gen. Stat. §4-275(3).

23 129. By virtue of the false or fraudulent claims submitted or caused to be
24 submitted by Defendants, the State of Connecticut suffered actual damages and
25 therefore is entitled to multiple damages under the Connecticut False Claims Act, to
26 be determined at trial, plus a civil penalty for each violation.

COUNT SIXTEEN

VIOLATION OF THE DELAWARE FALSE CLAIMS

AND REPORTING ACT

DEL. CODE ANN. § 1201(a)(1)

130. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

131. This is a claim for penalties and treble damages under the Delaware False Claims and Reporting Act.

132. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Delaware false or fraudulent claims for payment or approval in violation of Del. Code Ann. §1201(a)(1)

133. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Delaware suffered actual damages and therefore is entitled to multiple damages under the Delaware False Claims and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTEEN

VIOLATION OF THE DELAWARE FALSE CLAIMS

AND REPORTING ACT

DEL. CODE ANN. §1201(a)(2)

134. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

135. This is a claim for penalties and treble damages under the Delaware False Claims and Reporting Act.

136. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Delaware in violation of Del. Code Ann. §1201(a)(2).

137. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Delaware suffered actual damages and therefore is entitled to multiple damages under the Delaware False Claims and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

COUNT EIGHTEEN

VIOLATION OF THE DELAWARE FALSE CLAIMS

AND REPORTING ACT

DEL. CODE ANN. §1201(a)(3)

138. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

139. This is a claim for penalties and treble damages under the Delaware False Claims and Reporting Act.

140. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Delaware False Claims and Reporting Act in violation of Del. Code Ann. §1201(a)(3).

141. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Delaware suffered actual damages and therefore is entitled to multiple damages under the Delaware False Claims and Reporting Act, to be determined at trial, plus a civil penalty for each violation.

COUNT NINETEEN

VIOLATION OF THE DISTRICT OF COLUMBIA FALSE CLAIMS ACT

D.C. CODE §2-381.02(a)(1)

142. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

143. This is a claim for penalties and treble damages under the District of Columbia False Claims Act.

144. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the District of Columbia false or

1 fraudulent claims for payment or approval in violation of D.C. Code. §2-
2 381.02(a)(1).

3 145. By virtue of the false or fraudulent claims submitted or caused to be
4 submitted by Defendants, the District of Columbia suffered actual damages and
5 therefore is entitled to multiple damages under the District of Columbia False Claims
6 Act, to be determined at trial, plus a civil penalty for each violation.

7 **COUNT TWENTY**

8 **VIOLATION OF THE DISTRICT OF COLUMBIA FALSE CLAIMS ACT**

9 **D.C. CODE §2-381.02(a)(2)**

10 146. Relator incorporates by reference the allegations set forth in the
11 foregoing paragraphs as though fully set forth herein.

12 147. This is a claim for penalties and treble damages under the District of
13 Columbia False Claims Act.

14 148. As set forth above, from at least 2011 through the present, Defendants
15 knowingly made, used, or caused to be made or used false records or statements
16 material to a false or fraudulent claim submitted to the District of Columbia in
17 violation of D.C. Code §2-381.02(a)(2).

18 149. By virtue of the false or fraudulent claims submitted or caused to be
19 submitted by Defendants, the District of Columbia suffered actual damages and
20 therefore is entitled to multiple damages under the District of Columbia False Claims
21 Act, to be determined at trial, plus a civil penalty for each violation.

22 **COUNT TWENTY-ONE**

23 **VIOLATION OF THE DISTRICT OF COLUMBIA FALSE CLAIMS ACT**

24 **D.C. CODE §2-381.02(a)(3)**

25 150. Relator incorporates by reference the allegations set forth in the
26 foregoing paragraphs as though fully set forth herein.

27 151. This is a claim for penalties and treble damages under the District of
28 Columbia False Claims Act.

152. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the District of Columbia False Claims Act in violation of D.C. Code §2-381.02(a)(3).

153. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the District of Columbia suffered actual damages and therefore is entitled to multiple damages under the District of Columbia False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-TWO

VIOLATION OF THE FLORIDA FALSE CLAIMS ACT

FLA. STAT. §68.082(2)(a)

154. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

155. This is a claim for penalties and treble damages under the Florida False Claims Act.

156. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Florida false or fraudulent claims for payment or approval in violation of Fla. Stat. §68.082(2)(a).

157. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Florida suffered actual damages and therefore is entitled to multiple damages under the Florida False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-THREE

VIOLATION OF THE FLORIDA FALSE CLAIMS ACT

FLA. STAT. §68.082(2)(b)

158. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

159. This is a claim for penalties and treble damages under the Florida False Claims Act.

160. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Florida in violation of Fla. Stat. §68.082(2)(b).

161. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Florida suffered actual damages and therefore is entitled to multiple damages under the Florida False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-FOUR

VIOLATION OF THE FLORIDA FALSE CLAIMS ACT

FLA. STAT. §68.082(2)(c)

162. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

163. This is a claim for penalties and treble damages under the Florida False Claims Act.

164. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Florida False Claims Act in violation of Fla. Stat. §68.082(2)(c).

165. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Florida suffered actual damages and therefore is entitled to multiple damages under the Florida False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-FIVE

VIOLATION OF THE GEORGIA

STATE FALSE MEDICAID CLAIMS ACT

GA. CODE ANN. §49-4-168.1(a)(1)

166. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

1 167. This is a claim for penalties and treble damages under the Georgia State
2 False Medicaid Claims Act.

3 168. As set forth above, from at least 2011 through the present, Defendants
4 knowingly presented or caused to be presented to the State of Georgia false or
5 fraudulent claims for payment or approval in violation of Ga. Code Ann. §49-4-
6 168.1(a)(1).

7 169. By virtue of the false or fraudulent claims submitted or caused to be
8 submitted by Defendants, the State of Georgia suffered actual damages and therefore
9 is entitled to multiple damages under the Georgia State False Medicaid Claims Act,
10 to be determined at trial, plus a civil penalty for each violation.

11 **COUNT TWENTY-SIX**

12 **VIOLATION OF THE GEORGIA**

13 **STATE FALSE MEDICAID CLAIMS ACT**

14 **GA. CODE ANN. §49-4-168.1(a)(2)**

15 170. Relator incorporates by reference the allegations set forth in the
16 foregoing paragraphs as though fully set forth herein.

17 171. This is a claim for penalties and treble damages under the Georgia State
18 False Medicaid Claims Act.

19 172. As set forth above, from at least 2011 through the present, Defendants
20 knowingly made, used, or caused to be made or used false records or statements
21 material to a false or fraudulent claim submitted to the State of Georgia in violation
22 of Ga. Code Ann. §49-4-168.1(a)(2).

23 173. By virtue of the false or fraudulent claims submitted or caused to be
24 submitted by Defendants, the State of Georgia suffered actual damages and therefore
25 is entitled to multiple damages under the Georgia State False Medicaid Claims Act,
26 to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-SEVEN

**VIOLATION OF THE GEORGIA
STATE FALSE MEDICAID CLAIMS ACT**

GA. CODE ANN. §49-4-168.1(a)(3)

174. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

175. This is a claim for penalties and treble damages under the Georgia State False Medicaid Claims Act.

176. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Georgia State False Medicaid Claims Act in violation of Ga. Code Ann. §49-4-168.1(a)(3).

177. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Georgia suffered actual damages and therefore is entitled to multiple damages under the Georgia State False Medicaid Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT TWENTY-EIGHT

VIOLATION OF THE HAWAII FALSE CLAIMS ACT

HAW. REV. STAT. §661-21(a)(1)

178. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

179. This is a claim for penalties and treble damages under the Hawaii False Claims Act.

180. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Hawaii false or fraudulent claims for payment or approval in violation of Haw. Rev. Stat. §661.21(a)(1).

181. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Hawaii suffered actual damages and therefore

1 is entitled to multiple damages under the Hawaii False Claims Act, to be determined
2 at trial, plus a civil penalty for each violation.

3 **COUNT TWENTY-NINE**

4 **VIOLATION OF THE HAWAII FALSE CLAIMS ACT**

5 **HAW. REV. STAT. §661-21(a)(2)**

6 182. Relator incorporates by reference the allegations set forth in the
7 foregoing paragraphs as though fully set forth herein.

8 183. This is a claim for penalties and treble damages under the Hawaii False
9 Claims Act.

10 184. As set forth above, from at least 2011 through the present, Defendants
11 knowingly made, used, or caused to be made or used false records or statements
12 material to a false or fraudulent claim submitted to the State of Hawaii in violation
13 of Haw. Rev. Stat. §661-21(a)(2).

14 185. By virtue of the false or fraudulent claims submitted or caused to be
15 submitted by Defendants, the State of Hawaii suffered actual damages and therefore
16 is entitled to multiple damages under the Hawaii False Claims Act, to be determined
17 at trial, plus a civil penalty for each violation.

18 **COUNT THIRTY**

19 **VIOLATION OF THE HAWAII FALSE CLAIMS ACT**

20 **HAW. REV. STAT. §661-21(a)(8)**

21 186. Relator incorporates by reference the allegations set forth in the
22 foregoing paragraphs as though fully set forth herein.

23 187. This is a claim for penalties and treble damages under the Hawaii False
24 Claims Act.

25 188. As set forth above, from at least 2011 through the present, Defendants
26 knowingly conspired together to commit violations of the Hawaii False Claims Act
27 in violation of Haw. Rev. Stat. §661-21(a)(8).

28 189. By virtue of the false or fraudulent claims submitted or caused to be

submitted by Defendants, the State of Hawaii suffered actual damages and therefore is entitled to multiple damages under the Hawaii False Claims Act, to be determined at trial, plus a civil penalty for each violation

COUNT THIRTY-ONE

VIOLATION OF THE ILLINOIS WHISTLEBLOWER REWARD AND PROTECTION ACT

740 ILL. COMP. STAT. §175/3(a)(1)(A)

190. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

191. This is a claim for penalties and treble damages under the Illinois Whistleblower and Protection Act.

192. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Illinois false or fraudulent claims for payment or approval in violation of 740 Ill. Comp. Stat. §175/3(a)(1)(A).

193. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Illinois suffered actual damages and therefore is entitled to multiple damages under the Illinois Whistleblower and Protection Act, to be determined at trial, plus a civil penalty for each violation.

COUNT THIRTY-TWO

VIOLATION OF THE ILLINOIS WHISTLEBLOWER REWARD AND PROTECTION ACT

740 ILL. COMP. STAT. §175/3(a)(1)(B)

194. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

195. This is a claim for penalties and treble damages under the Illinois Whistleblower and Protection Act.

196. As set forth above, from at least 2011 through the present, Defendants

1 knowingly made, used, or caused to be made or used false records or statements
 2 material to a false or fraudulent claim submitted to the State of Illinois in violation
 3 of 740 Ill. Comp. Stat. §175/3(a)(1)(B).

4 197. By virtue of the false or fraudulent claims submitted or caused to be
 5 submitted by Defendants, the State of Illinois suffered actual damages and therefore
 6 is entitled to multiple damages under the Illinois Whistleblower and Protection Act,
 7 to be determined at trial, plus a civil penalty for each violation.

8 **COUNT THIRTY-THREE**

9 **VIOLATION OF THE ILLINOIS WHISTLEBLOWER REWARD AND**
 10 **PROTECTION ACT**

11 **740 ILL. COMP. STAT. §175/3(a)(1)(C)**

12 198. Relator incorporates by reference the allegations set forth in the
 13 foregoing paragraphs as though fully set forth herein.

14 199. This is a claim for penalties and treble damages under the Illinois
 15 Whistleblower and Protection Act.

16 200. As set forth above, from at least 2011 through the present, Defendants
 17 knowingly conspired together to commit violations of the Illinois Whistleblower and
 18 Protection Act in violation of 740 Ill. Comp. Stat. §175/3(a)(1)(C).

19 201. By virtue of the false or fraudulent claims submitted or caused to be
 20 submitted by Defendants, the State of Illinois suffered actual damages and therefore
 21 is entitled to multiple damages under the Illinois Whistleblower and Protection Act,
 22 to be determined at trial, plus a civil penalty for each violation.

23 **COUNT THIRTY-FOUR**

24 **VIOLATION OF THE INDIANA FALSE CLAIMS AND**
 25 **WHISTLEBLOWER PROTECTION ACT**

26 **IND. CODE §5-11-5.5-2(b)(1) & (8)**

27 202. Relator incorporates by reference the allegations set forth in the
 28 foregoing paragraphs as though fully set forth herein.

1 203. This is a claim for penalties and treble damages under the Indiana False
2 Claims and Whistleblower Protection Act.

3 204. As set forth above, from at least 2011 through the present, Defendants
4 knowingly presented or caused to be presented to the State of Indiana false or
5 fraudulent claims for payment or approval in violation of Ind. Code. §5-11-5.5-
6 2(b)(1) & (8).

7 205. By virtue of the false or fraudulent claims submitted or caused to be
8 submitted by Defendants, the State of Indiana suffered actual damages and therefore
9 is entitled to multiple damages under the Indiana False Claims and Whistleblower
10 Protection Act, to be determined at trial, plus a civil penalty for each violation.

11 **COUNT THIRTY-FIVE**

12 **VIOLATION OF THE INDIANA FALSE CLAIMS AND**
13 **WHISTLEBLOWER PROTECTION ACT**

14 **IND. CODE §5-11-5.5-2(b)(2) & (8)**

15 206. Relator incorporates by reference the allegations set forth in the
16 foregoing paragraphs as though fully set forth herein.

17 207. This is a claim for penalties and treble damages under the Indiana False
18 Claims and Whistleblower Protection Act.

19 208. As set forth above, from at least 2011 through the present, Defendants
20 knowingly made, used, or caused to be made or used false records or statements
21 material to a false or fraudulent claim submitted to the State of Indiana in violation
22 of Ind. Code §5-11-5.5-2(b)(2) & (8).

23 209. By virtue of the false or fraudulent claims submitted or caused to be
24 submitted by Defendants, the State of Indiana suffered actual damages and therefore
25 is entitled to multiple damages under the Indiana False Claims and Whistleblower
26 Protection Act, to be determined at trial, plus a civil penalty for each violation.

COUNT THIRTY-SIX

**VIOLATION OF THE INDIANA FALSE CLAIMS AND
WHISTLEBLOWER PROTECTION ACT**

IND. CODE §5-11-5.5-2(b)(7)

210. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

211. This is a claim for penalties and treble damages under the Indiana False Claims and Whistleblower Protection Act.

212. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Indiana False Claims and Whistleblower Protection Act in violation of Ind. Code §5-11-5.5-2(b)(7).

213. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Indiana suffered actual damages and therefore is entitled to multiple damages under the Indiana False Claims and Whistleblower Protection Act, to be determined at trial, plus a civil penalty for each violation.

COUNT THIRTY-SEVEN

VIOLATION OF THE IOWA FALSE CLAIMS ACT

IOWA CODE §685.2(1)(a)

214. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

215. This is a claim for penalties and treble damages under the Iowa False Claims Act.

216. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Iowa false or fraudulent claims for payment or approval in violation of Iowa Code §685.2(1)(a).

217. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Iowa suffered actual damages and therefore is entitled to multiple damages under the Iowa False Claims Act, to be determined at

1 trial, plus a civil penalty for each violation.

2 **COUNT THIRTY-EIGHT**

3 **VIOLATION OF THE IOWA FALSE CLAIMS ACT**

4 **IOWA CODE §685.2(1)(b)**

5 218. Relator incorporates by reference the allegations set forth in the
6 foregoing paragraphs as though fully set forth herein.

7 219. This is a claim for penalties and treble damages under the Iowa False
8 Claims Act.

9 220. As set forth above, from at least 2011 through the present, Defendants
10 knowingly made, used, or caused to be made or used false records or statements
11 material to a false or fraudulent claim submitted to the State of Iowa in violation of
12 Iowa Code §685.2(1)(b).

13 221. By virtue of the false or fraudulent claims submitted or caused to be
14 submitted by Defendants, the State of Iowa suffered actual damages and therefore is
15 entitled to multiple damages under the Iowa False Claims Act, to be determined at
16 trial, plus a civil penalty for each violation.

17 **COUNT THIRTY-NINE**

18 **VIOLATION OF THE IOWA FALSE CLAIMS ACT**

19 **IOWA CODE §685.2(1)(c)**

20 222. Relator incorporates by reference the allegations set forth in the
21 foregoing paragraphs as though fully set forth herein.

22 223. This is a claim for penalties and treble damages under the Iowa False
23 Claims Act.

24 224. As set forth above, from at least 2011 through the present, Defendants
25 knowingly conspired together to commit violations of the Iowa False Claims Act in
26 violation of Iowa Code §685.2(1)(c).

27 225. By virtue of the false or fraudulent claims submitted or caused to be
28 submitted by Defendants, the State of Iowa suffered actual damages and therefore is

1 entitled to multiple damages under the Iowa False Claims Act, to be determined at
2 trial, plus a civil penalty for each violation.

3 **COUNT FORTY**

4 **VIOLATION OF THE LOUISIANA MEDICAL ASSISTANCE**

5 **PROGRAMS INTEGRITY LAW**

6 **LA. STAT. ANN. §46:438.3(A)**

7 226. Relator incorporates by reference the allegations set forth in the
8 foregoing paragraphs as though fully set forth herein.

9 227. This is a claim for penalties and treble damages under the Louisiana
10 Medical Assistance Programs Integrity Law.

11 228. As set forth above, from at least 2011 through the present, Defendants
12 knowingly presented or caused to be presented to the State of Louisiana false or
13 fraudulent claims for payment or approval in violation of La. Stat. Ann.
14 §46:438.3(A).

15 229. By virtue of the false or fraudulent claims submitted or caused to be
16 submitted by Defendants, the State of Louisiana suffered actual damages and
17 therefore is entitled to multiple damages under the Louisiana Medical Assistance
18 Programs Integrity Law, to be determined at trial, plus a civil penalty for each
19 violation.

20 **COUNT FORTY-ONE**

21 **VIOLATION OF THE LOUISIANA MEDICAL ASSISTANCE**

22 **PROGRAMS INTEGRITY LAW**

23 **LA. STAT. ANN. §46:438.3(B)**

24 230. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 231. This is a claim for penalties and treble damages under the Louisiana
27 Medical Assistance Programs Integrity Law.

28 232. As set forth above, from at least 2011 through the present, Defendants

1 knowingly made, used, or caused to be made or used false records or statements
2 material to a false or fraudulent claim submitted to the State of Louisiana in violation
3 of La. Stat. Ann. §46:438.3(B).

4 233. By virtue of the false or fraudulent claims submitted or caused to be
5 submitted by Defendants, the State of Louisiana suffered actual damages and
6 therefore is entitled to multiple damages under the Louisiana Medical Assistance
7 Programs Integrity Law, to be determined at trial, plus a civil penalty for each
8 violation.

9 **COUNT FORTY-TWO**

10 **VIOLATION OF THE LOUISIANA MEDICAL ASSISTANCE**

11 **PROGRAMS INTEGRITY LAW**

12 **LA. STAT. ANN. §46:438.3(D)**

13 234. Relator incorporates by reference the allegations set forth in the
14 foregoing paragraphs as though fully set forth herein.

15 235. This is a claim for penalties and treble damages under the Louisiana
16 Medical Assistance Programs Integrity Law.

17 236. As set forth above, from at least 2011 through the present, Defendants
18 knowingly conspired together to commit violations of the Louisiana Medical
19 Assistance Programs Integrity Law in violation of La. Stat. Ann. §46:438.3(D).

20 237. By virtue of the false or fraudulent claims submitted or caused to be
21 submitted by Defendants, the State of Louisiana suffered actual damages and
22 therefore is entitled to multiple damages under the Louisiana Medical Assistance
23 Programs Integrity Law, to be determined at trial, plus a civil penalty for each
24 violation.

COUNT FORTY-THREE

VIOLATION OF THE LOUISIANA MEDICAL ASSISTANCE

PROGRAMS INTEGRITY LAW

LA. STAT. ANN. §46:438.2(A)

238. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

239. This is a claim for penalties and treble damages under the Louisiana Medical Assistance Programs Integrity Law.

240. As set forth above, from at least 2011 through the present, Defendants knowingly solicited, received, offered, and paid remuneration in return for purchasing and ordering goods for which payment may be made under Louisiana's Medical Assistance Program in violation of La. Stat. § 46:438.2(A).

241. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Louisiana suffered actual damages and therefore is entitled to multiple damages under the Louisiana Medical Assistance Programs Integrity Law, to be determined at trial, plus a civil penalty for each violation.

COUNT FORTY-FOUR

VIOLATION OF THE MARYLAND FALSE CLAIMS ACT

MD. CODE ANN., Health – Gen., §2-602(a)(1)

242. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

243. This is a claim for penalties and treble damages under the Maryland False Claims Act.

244. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Maryland false or fraudulent claims for payment or approval in violation of MD. Code Ann., Health – Gen., §2-702(a)(1).

245. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Maryland suffered actual damages and therefore is entitled to multiple damages under the Maryland False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT FORTY-FIVE

VIOLATION OF THE MARYLAND FALSE CLAIMS ACT

Md. CODE ANN., Health – Gen., §2-602(a)(2)

246. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

247. This is a claim for penalties and treble damages under the Maryland False Claims Act.

248. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Maryland in violation of MD. Code Ann., Health – Gen., §2-602(a)(2).

249. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Maryland suffered actual damages and therefore is entitled to multiple damages under the Maryland False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT FORTY-SIX

VIOLATION OF THE MARYLAND FALSE CLAIMS ACT

Md. CODE ANN., Health – Gen., §2-602(a)(3)

250. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

251. This is a claim for penalties and treble damages under the Maryland False Claims Act.

252. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Maryland False Claims

1 Act in violation of MD Code Ann., Health – Gen., §2-601(a)(3).

2 253. By virtue of the false or fraudulent claims submitted or caused to be
3 submitted by Defendants, the State of Maryland suffered actual damages and
4 therefore is entitled to multiple damages under the Maryland False Claims Act, to
5 be determined at trial, plus a civil penalty for each violation.

6 **COUNT FORTY-SEVEN**

7 **VIOLATION OF THE MASSACHUSETTS FALSE CLAIMS ACT**

8 **MASS. GEN. LAWS, ch. 12, § 5B(a)(1)**

9 254. Relator incorporates by reference the allegations set forth in the
10 foregoing paragraphs as though fully set forth herein.

11 255. This is a claim for penalties and treble damages under the
12 Massachusetts False Claims Act.

13 256. As set forth above, from at least 2011 through the present, Defendants
14 knowingly presented or caused to be presented to the Commonwealth of
15 Massachusetts false or fraudulent claims for payment or approval in violation of
16 Mass. Gen. Laws, ch. 12, §5B(a)(1).

17 257. By virtue of the false or fraudulent claims submitted or caused to be
18 submitted by Defendants, the Commonwealth of Maryland suffered actual damages
19 and therefore is entitled to multiple damages under the Massachusetts False Claims
20 Act, to be determined at trial, plus a civil penalty for each violation.

21 **COUNT FORTY-EIGHT**

22 **VIOLATION OF THE MASSACHUSETTS FALSE CLAIMS ACT**

23 **MASS. GEN. LAWS, ch. 12, § 5B(a)(2)**

24 258. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 259. This is a claim for penalties and treble damages under the
27 Massachusetts False Claims Act.

28 260. As set forth above, from at least 2011 through the present, Defendants

1 knowingly made, used, or caused to be made or used false records or statements
 2 material to a false or fraudulent claim submitted to the Commonwealth of
 3 Massachusetts in violation of Mass. Gen. Laws, ch. 12, §5B(a)(2).

4 261. By virtue of the false or fraudulent claims submitted or caused to be
 5 submitted by Defendants, the Commonwealth of Massachusetts suffered actual
 6 damages and therefore is entitled to multiple damages under the Massachusetts False
 7 Claims Act, to be determined at trial, plus a civil penalty for each violation.

8 **COUNT FORTY-NINE**

9 **VIOLATION OF THE MASSACHUSETTS FALSE CLAIMS ACT**

10 **MASS. GEN. LAWS, ch. 12, § 5B(a)(3)**

11 262. Relator incorporates by reference the allegations set forth in the
 12 foregoing paragraphs as though fully set forth herein.

13 263. This is a claim for penalties and treble damages under the
 14 Massachusetts False Claims Act.

15 264. As set forth above, from at least 2011 through the present, Defendants
 16 knowingly conspired together to commit violations of the Massachusetts False
 17 Claims Act in violation of Mass. Gen. Laws, ch. 12, §5B(a)(3).

18 265. By virtue of the false or fraudulent claims submitted or caused to be
 19 submitted by Defendants, the Commonwealth suffered actual damages and therefore
 20 is entitled to multiple damages under the Massachusetts False Claims Act, to be
 21 determined at trial, plus a civil penalty for each violation.

22 **COUNT FIFTY**

23 **VIOLATION OF THE MICHIGAN MEDICAID FALSE CLAIMS ACT**

24 **MICH. COMP. LAWS § 400.607(1)**

25 266. Relator incorporates by reference the allegations set forth in the
 26 foregoing paragraphs as though fully set forth herein.

27 267. This is a claim for penalties and treble damages under the Michigan
 28 Medicaid False Claims Act.

1 268. As set forth above, from at least 2011 through the present, Defendants
2 knowingly presented or caused to be presented to the State of Michigan false or
3 fraudulent claims for payment or approval in violation of Mich. Comp. Laws
4 §400.607(1).

5 269. By virtue of the false or fraudulent claims submitted or caused to be
6 submitted by Defendants, the State of Michigan suffered actual damages and
7 therefore is entitled to multiple damages under the Michigan Medicaid False Claims
8 Act, to be determined at trial, plus a civil penalty for each violation.

9 **COUNT FIFTY-ONE**

10 **VIOLATION OF THE MICHIGAN MEDICAID FALSE CLAIMS ACT**

11 **MICH. COMP. LAWS § 400.607(2)**

12 270. Relator incorporates by reference the allegations set forth in the
13 foregoing paragraphs as though fully set forth herein.

14 271. This is a claim for penalties and treble damages under the Michigan
15 Medicaid False Claims Act.

16 272. As set forth above, from at least 2011 through the present, Defendants
17 knowingly made, used, or caused to be made or used false records or statements
18 material to a false or fraudulent claim submitted to the State of Michigan in violation
19 of Mich. Comp. Laws §400.607(2).

20 273. By virtue of the false or fraudulent claims submitted or caused to be
21 submitted by Defendants, the State of Michigan suffered actual damages and
22 therefore is entitled to multiple damages under the Michigan Medicaid False Claims
23 Act, to be determined at trial, plus a civil penalty for each violation.

24 **COUNT FIFTY-TWO**

25 **VIOLATION OF THE MICHIGAN MEDICAID FALSE CLAIMS ACT**

26 **MICH. COMP. LAWS § 400.606(1)**

27 274. Relator incorporates by reference the allegations set forth in the
28 foregoing paragraphs as though fully set forth herein.

1 275. This is a claim for penalties and treble damages under the Michigan
2 Medicaid False Claims Act.

3 276. As set forth above, from at least 2011 through the present, Defendants
4 knowingly conspired together to commit violations of the Michigan Medicaid False
5 Claims Act in violation of Mich. Comp. Laws §400.606(1).

6 277. By virtue of the false or fraudulent claims submitted or caused to be
7 submitted by Defendants, the State of Michigan suffered actual damages and
8 therefore is entitled to multiple damages under the Michigan Medicaid False Claims
9 Act, to be determined at trial, plus a civil penalty for each violation.

10 **COUNT FIFTY-THREE**

11 **VIOLATION OF THE MICHIGAN MEDICAID FALSE CLAIMS ACT**

12 **MICH. COMP. LAWS § 400.604**

13 278. Relator incorporates by reference the allegations set forth in the
14 foregoing paragraphs as though fully set forth herein.

15 279. This is a claim for penalties and treble damages under the Michigan
16 Medicaid False Claims Act.

17 280. As set forth above, from at least 2011 through the present, Defendants
18 knowingly solicited, offered, and/or received kickbacks or bribes in connection with
19 the furnishing of goods for which payment may be made by the State of Michigan
20 in violation of Mich. Comp. Laws §400.604.

21 281. By virtue of the false or fraudulent claims submitted or caused to be
22 submitted by Defendants, the State of Michigan suffered actual damages and
23 therefore is entitled to multiple damages under the Michigan Medicaid False Claims
24 Act, to be determined at trial, plus a civil penalty for each violation.

25 **COUNT FIFTY-FOUR**

26 **VIOLATION OF THE MINNESOTA FALSE CLAIMS ACT**

27 **MINN. STAT. §15C.02(a)(1)**

28 282. Relator incorporates by reference the allegations set forth in the

1 foregoing paragraphs as though fully set forth herein.

2 283. This is a claim for penalties and treble damages under the Minnesota
3 False Claims Act.

4 284. As set forth above, from at least 2011 through the present, Defendants
5 knowingly presented or caused to be presented to the State of Minnesota false or
6 fraudulent claims for payment or approval in violation of Minn. Stat. §15C.02(a)(1).

7 285. By virtue of the false or fraudulent claims submitted or caused to be
8 submitted by Defendants, the State of Minnesota suffered actual damages and
9 therefore is entitled to multiple damages under the Minnesota False Claims Act, to
10 be determined at trial, plus a civil penalty for each violation.

11 **COUNT FIFTY-FIVE**

12 **VIOLATION OF THE MINNESOTA FALSE CLAIMS ACT**

13 **MINN. STAT. §15C.02(a)(2)**

14 286. Relator incorporates by reference the allegations set forth in the
15 foregoing paragraphs as though fully set forth herein.

16 287. This is a claim for penalties and treble damages under the Minnesota
17 False Claims Act.

18 288. As set forth above, from at least 2011 through the present, Defendants
19 knowingly made, used, or caused to be made or used false records or statements
20 material to a false or fraudulent claim submitted to the State of Minnesota in
21 violation of Minn. Stat. §15C.02(a)(2).

22 289. By virtue of the false or fraudulent claims submitted or caused to be
23 submitted by Defendants, the State of Minnesota suffered actual damages and
24 therefore is entitled to multiple damages under the Minnesota False Claims Act, to
25 be determined at trial, plus a civil penalty for each violation.

COUNT FIFTY-SIX

VIOLATION OF THE MINNESOTA FALSE CLAIMS ACT

MINN. STAT. §15C.02(a)(3)

290. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

291. This is a claim for penalties and treble damages under the Minnesota False Claims Act.

292. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Minnesota False Claims Act in violation of Minn. Stat. §15C.02(a)(3).

293. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Minnesota suffered actual damages and therefore is entitled to multiple damages under the Minnesota False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT FIFTY-SEVEN

VIOLATION OF THE MONTANA FALSE CLAIMS ACT

MONT. CODE ANN. §17-8-403(1)(a)

294. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

295. This is a claim for penalties and treble damages under the Montana False Claims Act.

296. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Montana false or fraudulent claims for payment or approval in violation of Mont. Code Ann. §17-8-403(1)(a).

297. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Montana suffered actual damages and therefore is entitled to multiple damages under the Montana False Claims Act, to be

determined at trial, plus a civil penalty for each violation.

COUNT FIFTY-EIGHT

VIOLATION OF THE MONTANA FALSE CLAIMS ACT

MONT. CODE ANN. §17-8-403(1)(b)

298. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

299. This is a claim for penalties and treble damages under the Montana False Claims Act.

300. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Montana in violation of Mont. Code. Ann. §17-8-403(1)(b).

301. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Montana suffered actual damages and therefore is entitled to multiple damages under the Montana False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT FIFTY-NINE

VIOLATION OF THE MONTANA FALSE CLAIMS ACT

MONT. CODE ANN. §17-8-403(1)(c)

302. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

303. This is a claim for penalties and treble damages under the Montana False Claims Act.

304. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Montana False Claims Act in violation of Mont. Code Ann. §17-8-403(1)(c).

305. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Montana suffered actual damages and

1 therefore is entitled to multiple damages under the Montana False Claims Act, to be
2 determined at trial, plus a civil penalty for each violation.

3 **COUNT SIXTY**

4 **VIOLATION OF THE NEVADA FALSE CLAIMS ACT**

5 **NEV. REV. STAT. §357.040(1)(a)**

6 306. Relator incorporates by reference the allegations set forth in the
7 foregoing paragraphs as though fully set forth herein.

8 307. This is a claim for penalties and treble damages under the Nevada False
9 Claims Act.

10 308. As set forth above, from at least 2011 through the present, Defendants
11 knowingly presented or caused to be presented to the State of Nevada false or
12 fraudulent claims for payment or approval in violation of Nev. Rev. Stat.
13 §357.040(1)(a).

14 309. By virtue of the false or fraudulent claims submitted or caused to be
15 submitted by Defendants, the State of Nevada suffered actual damages and therefore
16 is entitled to multiple damages under the Nevada False Claims Act, to be determined
17 at trial, plus a civil penalty for each violation.

18 **COUNT SIXTY-ONE**

19 **VIOLATION OF THE NEVADA FALSE CLAIMS ACT**

20 **NEV. REV. STAT. §357.040(1)(b)**

21 310. Relator incorporates by reference the allegations set forth in the
22 foregoing paragraphs as though fully set forth herein.

23 311. This is a claim for penalties and treble damages under the Nevada False
24 Claims Act.

25 312. As set forth above, from at least 2011 through the present, Defendants
26 knowingly made, used, or caused to be made or used false records or statements
27 material to a false or fraudulent claim submitted to the State of Nevada in violation
28 of Nev. Rev. Stat. §357.040(1)(b).

1 313. By virtue of the false or fraudulent claims submitted or caused to be
2 submitted by Defendants, the State of Nevada suffered actual damages and therefore
3 is entitled to multiple damages under the Nevada False Claims Act, to be determined
4 at trial, plus a civil penalty for each violation.

5 **COUNT SIXTY-TWO**

6 **VIOLATION OF THE NEVADA FALSE CLAIMS ACT**

7 **NEV. REV. STAT. §357.040(1)(i)**

8 314. Relator incorporates by reference the allegations set forth in the
9 foregoing paragraphs as though fully set forth herein.

10 315. This is a claim for penalties and treble damages under the Nevada False
11 Claims Act.

12 316. As set forth above, from at least 2011 through the present, Defendants
13 knowingly conspired together to commit violations of the Nevada False Claims Act
14 in violation of Nev. Rev. Stat. §357.040(1)(i).

15 317. By virtue of the false or fraudulent claims submitted or caused to be
16 submitted by Defendants, the State of Nevada suffered actual damages and therefore
17 is entitled to multiple damages under the Nevada False Claims Act, to be determined
18 at trial, plus a civil penalty for each violation.

19 **COUNT SIXTY-THREE**

20 **VIOLATION OF THE NEW HAMPSHIRE FALSE CLAIMS ACT**

21 **N.H. REV. STAT. ANN. §167:61-b(I)(a)**

22 318. Relator incorporates by reference the allegations set forth in the
23 foregoing paragraphs as though fully set forth herein.

24 319. This is a claim for penalties and treble damages under the New
25 Hampshire False Claims Act.

26 320. As set forth above, from at least 2011 through the present, Defendants
27 knowingly presented or caused to be presented to the State of New Hampshire false
28 or fraudulent claims for payment or approval in violation of N.H. Rev. Stat. Ann.

1 §167:61-b(I)(a).

2 321. By virtue of the false or fraudulent claims submitted or caused to be
3 submitted by Defendants, the State of New Hampshire suffered actual damages and
4 therefore is entitled to multiple damages under the New Hampshire False Claims
5 Act, to be determined at trial, plus a civil penalty for each violation.

6 **COUNT SIXTY-FOUR**

7 **VIOLATION OF THE NEW HAMPSHIRE FALSE CLAIMS ACT**

8 **N.H. REV. STAT. ANN. §167:61-b(I)(b)**

9 322. Relator incorporates by reference the allegations set forth in the
10 foregoing paragraphs as though fully set forth herein.

11 323. This is a claim for penalties and treble damages under the New
12 Hampshire False Claims Act.

13 324. As set forth above, from at least 2011 through the present, Defendants
14 knowingly made, used, or caused to be made or used false records or statements
15 material to a false or fraudulent claim submitted to the State of New Hampshire in
16 violation of N.H. Rev. Stat. Ann. §167:61-b(I)(b).

17 325. By virtue of the false or fraudulent claims submitted or caused to be
18 submitted by Defendants, the State of New Hampshire suffered actual damages and
19 therefore is entitled to multiple damages under the New Hampshire False Claims
20 Act, to be determined at trial, plus a civil penalty for each violation.

21 **COUNT SIXTY-FIVE**

22 **VIOLATION OF THE NEW HAMPSHIRE FALSE CLAIMS ACT**

23 **N.H. REV. STAT. ANN. §167:61-b(I)(c)**

24 326. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 327. This is a claim for penalties and treble damages under the New
27 Hampshire False Claims Act.

28 328. As set forth above, from at least 2011 through the present, Defendants

1 knowingly conspired together to commit violations of the New Hampshire False
2 Claims Act in violation of N.H. Rev. Stat. Ann. §167:61-b(I)(c).

3 329. By virtue of the false or fraudulent claims submitted or caused to be
4 submitted by Defendants, the State of New Hampshire suffered actual damages and
5 therefore is entitled to multiple damages under the New Hampshire False Claims
6 Act, to be determined at trial, plus a civil penalty for each violation.

7 **COUNT SIXTY-SIX**

8 **VIOLATION OF THE NEW JERSEY FALSE CLAIMS ACT**

9 **N.J. STAT. ANN. §2A:32C-3(a)**

10 330. Relator incorporates by reference the allegations set forth in the
11 foregoing paragraphs as though fully set forth herein.

12 331. This is a claim for penalties and treble damages under the New Jersey
13 False Claims Act.

14 332. As set forth above, from at least 2011 through the present, Defendants
15 knowingly presented or caused to be presented to the State of New Jersey false or
16 fraudulent claims for payment or approval in violation of N.J. Stat. Ann. §2A:32C-
17 3(a).

18 333. By virtue of the false or fraudulent claims submitted or caused to be
19 submitted by Defendants, the State of New Jersey suffered actual damages and
20 therefore is entitled to multiple damages under the New Jersey False Claims Act, to
21 be determined at trial, plus a civil penalty for each violation.

22 **COUNT SIXTY-SEVEN**

23 **VIOLATION OF THE NEW JERSEY FALSE CLAIMS ACT**

24 **N.J. STAT. ANN. §2A:32C-3(b)**

25 334. Relator incorporates by reference the allegations set forth in the
26 foregoing paragraphs as though fully set forth herein.

27 335. This is a claim for penalties and treble damages under the New Jersey
28 False Claims Act.

336. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of New Jersey in violation of N.J. Stat. Ann. §2A:32C-3(b).

337. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New Jersey suffered actual damages and therefore is entitled to multiple damages under the New Jersey False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SIXTY-EIGHT

VIOLATION OF THE NEW JERSEY FALSE CLAIMS ACT

N.J. STAT. ANN. §2A:32C-3(c)

338. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

339. This is a claim for penalties and treble damages under the New Jersey False Claims Act.

340. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the New Jersey False Claims Act in violation of N.J. Stat. Ann. §2A:32C-3(c).

341. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New Jersey suffered actual damages and therefore is entitled to multiple damages under the New Jersey False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SIXTY-NINE

VIOLATION OF THE NEW MEXICO MEDICAID FALSE CLAIMS ACT

N.M. STAT. ANN. §27-14-4(A)

342. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

343. This is a claim for penalties and treble damages under the New Mexico

1 Medicaid False Claims Act.

2 344. As set forth above, from at least 2011 through the present, Defendants
3 knowingly presented or caused to be presented to the State of New Mexico false or
4 fraudulent claims for payment or approval in violation of N.M. Stat. Ann. §27-14-
5 4(A).

6 345. By virtue of the false or fraudulent claims submitted or caused to be
7 submitted by Defendants, the State of New Mexico suffered actual damages and
8 therefore is entitled to multiple damages under the New Mexico Medicaid False
9 Claims Act, to be determined at trial, plus a civil penalty for each violation.

10 **COUNT SEVENTY**

11 **VIOLATION OF THE NEW MEXICO MEDICAID FALSE CLAIMS ACT**

12 **N.M. STAT. ANN. §27-14-4(C)**

13 346. Relator incorporates by reference the allegations set forth in the
14 foregoing paragraphs as though fully set forth herein.

15 347. This is a claim for penalties and treble damages under the New Mexico
16 Medicaid False Claims Act.

17 348. As set forth above, from at least 2011 through the present, Defendants
18 knowingly made, used, or caused to be made or used false records or statements
19 material to a false or fraudulent claim submitted to the State of New Mexico in
20 violation of N.M. Stat. Ann. §27-14-4(C).

21 349. By virtue of the false or fraudulent claims submitted or caused to be
22 submitted by Defendants, the State of New Mexico suffered actual damages and
23 therefore is entitled to multiple damages under the New Mexico Medicaid False
24 Claims Act, to be determined at trial, plus a civil penalty for each violation.

25 **COUNT SEVENTY-ONE**

26 **VIOLATION OF THE NEW MEXICO MEDICAID FALSE CLAIMS ACT**

27 **N.M. STAT. ANN. §27-14-4(D)**

28 350. Relator incorporates by reference the allegations set forth in the

1 foregoing paragraphs as though fully set forth herein.

2 351. This is a claim for penalties and treble damages under the New Mexico
3 Medicaid False Claims Act.

4 352. As set forth above, from at least 2011 through the present, Defendants
5 knowingly conspired together to commit violations of the New Mexico Medicaid
6 False Claims Act in violation of N.M. Stat. Ann. §27-14-4(D).

7 353. By virtue of the false or fraudulent claims submitted or caused to be
8 submitted by Defendants, the State of New Mexico suffered actual damages and
9 therefore is entitled to multiple damages under the New Mexico Medicaid False
10 Claims Act, to be determined at trial, plus a civil penalty for each violation.

11 **COUNT SEVENTY-TWO**

12 **VIOLATION OF THE NEW YORK FALSE CLAIMS ACT**

13 **N.Y. STATE FIN. LAW §189(1)(a)**

14 354. Relator incorporates by reference the allegations set forth in the
15 foregoing paragraphs as though fully set forth herein.

16 355. This is a claim for penalties and treble damages under the New York
17 False Claims Act.

18 356. As set forth above, from at least 2011 through the present, Defendants
19 knowingly presented or caused to be presented to the State of New York false or
20 fraudulent claims for payment or approval in violation of N.Y. State Fin. Law
21 §189(1)(a).

22 357. By virtue of the false or fraudulent claims submitted or caused to be
23 submitted by Defendants, the State of New York suffered actual damages and
24 therefore is entitled to multiple damages under the New York False Claims Act, to
25 be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTY-THREE

VIOLATION OF THE NEW YORK FALSE CLAIMS ACT

N.Y. STATE FIN. LAW §189(1)(b)

358. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

359. This is a claim for penalties and treble damages under the New York False Claims Act.

360. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of New York in violation of N.Y. State Fin. Law §189(1)(b).

361. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New York suffered actual damages and therefore is entitled to multiple damages under the New York False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTY-FOUR

VIOLATION OF THE NEW YORK FALSE CLAIMS ACT

N.Y. STATE FIN. LAW §189(1)(c)

362. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

363. This is a claim for penalties and treble damages under the New York False Claims Act.

364. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the New York False Claims Act in violation of N.Y. State Fin. Law §189(1)(c).

365. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New York suffered actual damages and therefore is entitled to multiple damages under the New York False Claims Act, to

1 be determined at trial, plus a civil penalty for each violation.

2 **COUNT SEVENTY-FIVE**

3 **VIOLATION OF THE NORTH CAROLINA FALSE CLAIMS ACT**

4 **N.C. GEN. STAT. §1-607(a)(1)**

5 366. Relator incorporates by reference the allegations set forth in the
6 foregoing paragraphs as though fully set forth herein.

7 367. This is a claim for penalties and treble damages under the North
8 Carolina False Claims Act.

9 368. As set forth above, from at least 2011 through the present, Defendants
10 knowingly presented or caused to be presented to the State of North Carolina false
11 or fraudulent claims for payment or approval in violation of N.C. Gen. Stat. §1-
12 607(a)(1).

13 369. By virtue of the false or fraudulent claims submitted or caused to be
14 submitted by Defendants, the State of North Carolina suffered actual damages and
15 therefore is entitled to multiple damages under the North Carolina False Claims Act,
16 to be determined at trial, plus a civil penalty for each violation.

17 **COUNT SEVENTY-SIX**

18 **VIOLATION OF THE NORTH CAROLINA FALSE CLAIMS ACT**

19 **N.C. GEN. STAT. §1-607(a)(2)**

20 370. Relator incorporates by reference the allegations set forth in the
21 foregoing paragraphs as though fully set forth herein.

22 371. This is a claim for penalties and treble damages under the North
23 Carolina False Claims Act.

24 372. As set forth above, from at least 2011 through the present, Defendants
25 knowingly made, used, or caused to be made or used false records or statements
26 material to a false or fraudulent claim submitted to the State of North Carolina in
27 violation of N.C. Gen. Stat. §1-607(a)(1).

28 373. By virtue of the false or fraudulent claims submitted or caused to be

submitted by Defendants, the State of North Carolina suffered actual damages and therefore is entitled to multiple damages under the North Carolina False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTY-SEVEN

VIOLATION OF THE NORTH CAROLINA FALSE CLAIMS ACT

N.C. GEN. STAT. §1-607(a)(3)

374. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

375. This is a claim for penalties and treble damages under the North Carolina False Claims Act.

376. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the North Carolina False Claims Act in violation of N.C. Gen. Stat. §1-607(a)(1).

377. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of North Carolina suffered actual damages and therefore is entitled to multiple damages under the North Carolina False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTY-EIGHT

VIOLATION OF THE OKLAHOMA MEDICAID FALSE CLAIMS ACT

63 OKLA. STAT. §5053.1B(1)

378. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

379. This is a claim for penalties and treble damages under the Oklahoma Medicaid False Claims Act.

380. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Oklahoma false or fraudulent claims for payment or approval in violation of 63 Okla. Stat. §5053.1B(1).

381. By virtue of the false or fraudulent claims submitted or caused to be

submitted by Defendants, the State of Oklahoma suffered actual damages and therefore is entitled to multiple damages under the Oklahoma Medicaid False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT SEVENTY-NINE

VIOLATION OF THE OKLAHOMA MEDICAID FALSE CLAIMS ACT

63 OKLA. STAT. §5053.1B(2)

382. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

383. This is a claim for penalties and treble damages under the Oklahoma Medicaid False Claims Act.

384. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Oklahoma in violation of 63 Okla. Stat. §5053.1B(2).

385. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Oklahoma suffered actual damages and therefore is entitled to multiple damages under the Oklahoma Medicaid False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT EIGHTY

VIOLATION OF THE OKLAHOMA MEDICAID FALSE CLAIMS ACT

63 OKLA. STAT. §5053.1B(3)

386. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

387. This is a claim for penalties and treble damages under the Oklahoma Medicaid False Claims Act.

388. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Oklahoma Medicaid False Claims Act in violation of 63 Okla. Stat. §5053.1B(3).

389. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Oklahoma suffered actual damages and therefore is entitled to multiple damages under the Oklahoma Medicaid False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT EIGHTY-ONE

VIOLATION OF THE RHODE ISLAND FALSE CLAIMS ACT

R.I. GEN. LAWS §9-1.1-3(a)(1)

390. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

391. This is a claim for penalties and treble damages under the Rhode Island False Claims Act.

392. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Rhode Island false or fraudulent claims for payment or approval in violation of R.I. Gen. Laws §9-1.1-3(a)(1).

393. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Rhode Island suffered actual damages and therefore is entitled to multiple damages under the Rhode Island False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT EIGHTY-TWO

VIOLATION OF THE RHODE ISLAND FALSE CLAIMS ACT

R.I. GEN. LAWS §9-1.1-3(a)(2)

394. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

395. This is a claim for penalties and treble damages under the Rhode Island False Claims Act.

396. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements

1 material to a false or fraudulent claim submitted to the State of Rhode Island in
2 violation of R.I. Gen. Laws §9-1.1-3(a)(2).

3 397. By virtue of the false or fraudulent claims submitted or caused to be
4 submitted by Defendants, the State of Rhode Island suffered actual damages and
5 therefore is entitled to multiple damages under the Rhode Island False Claims Act,
6 to be determined at trial, plus a civil penalty for each violation.

7 **COUNT EIGHTY-THREE**

8 **VIOLATION OF THE RHODE ISLAND FALSE CLAIMS ACT**

9 **R.I. GEN. LAWS §9-1.1-3(a)(3)**

10 398. Relator incorporates by reference the allegations set forth in the
11 foregoing paragraphs as though fully set forth herein.

12 399. This is a claim for penalties and treble damages under the Rhode Island
13 False Claims Act.

14 400. As set forth above, from at least 2011 through the present, Defendants
15 knowingly conspired together to commit violations of the Rhode Island False Claims
16 Act in violation of R.I. Gen. Laws §9-1.1-3(a)(3).

17 401. By virtue of the false or fraudulent claims submitted or caused to be
18 submitted by Defendants, the State of Rhode Island suffered actual damages and
19 therefore is entitled to multiple damages under the Rhode Island False Claims Act,
20 to be determined at trial, plus a civil penalty for each violation.

21 **COUNT EIGHTY-FOUR**

22 **VIOLATION OF THE TENNESSEE FALSE CLAIMS ACT**

23 **TENN. CODE ANN. §4-18-103(a)(1)**

24 402. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 403. This is a claim for penalties and treble damages under the Tennessee
27 False Claims Act.

28 404. As set forth above, from at least 2011 through the present, Defendants

1 knowingly presented or caused to be presented to the State of Tennessee false or
 2 fraudulent claims for payment or approval in violation of Tenn. Code Ann. §4-18-
 3 103(a)(1).

4 405. By virtue of the false or fraudulent claims submitted or caused to be
 5 submitted by Defendants, the State of Tennessee suffered actual damages and
 6 therefore is entitled to multiple damages under the Tennessee False Claims Act, to
 7 be determined at trial, plus a civil penalty for each violation.

8 **COUNT EIGHTY-FIVE**

9 **VIOLATION OF THE TENNESSEE FALSE CLAIMS ACT**

10 **TENN. CODE ANN. §4-18-103(a)(2)**

11 406. Relator incorporates by reference the allegations set forth in the
 12 foregoing paragraphs as though fully set forth herein.

13 407. This is a claim for penalties and treble damages under the Tennessee
 14 False Claims Act.

15 408. As set forth above, from at least 2011 through the present, Defendants
 16 knowingly made, used, or caused to be made or used false records or statements
 17 material to a false or fraudulent claim submitted to the State of Tennessee in
 18 violation of Tenn. Code Ann. §4-18-103(a)(2).

19 409. By virtue of the false or fraudulent claims submitted or caused to be
 20 submitted by Defendants, the State of Tennessee suffered actual damages and
 21 therefore is entitled to multiple damages under the Tennessee False Claims Act, to
 22 be determined at trial, plus a civil penalty for each violation.

23 **COUNT EIGHTY-SIX**

24 **VIOLATION OF THE TENNESSEE FALSE CLAIMS ACT**

25 **TENN. CODE ANN. §4-18-103(a)(3)**

26 410. Relator incorporates by reference the allegations set forth in the
 27 foregoing paragraphs as though fully set forth herein.

28 411. This is a claim for penalties and treble damages under the Tennessee

1 False Claims Act.

2 412. As set forth above, from at least 2011 through the present, Defendants
3 knowingly conspired together to commit violations of the Tennessee False Claims
4 Act in violation of Tenn. Code Ann. §4-18-103(a)(3).

5 413. By virtue of the false or fraudulent claims submitted or caused to be
6 submitted by Defendants, the State of Tennessee suffered actual damages and
7 therefore is entitled to multiple damages under the Tennessee False Claims Act, to
8 be determined at trial, plus a civil penalty for each violation.

9 **COUNT EIGHTY-SEVEN**

10 **VIOLATION OF THE TENNESSEE MEDICAID FALSE CLAIMS ACT**

11 **TENN. CODE ANN. §71-5-182(a)(1)(A)**

12 414. Relator incorporates by reference the allegations set forth in the
13 foregoing paragraphs as though fully set forth herein.

14 415. This is a claim for penalties and treble damages under the Tennessee
15 Medicaid False Claims Act.

16 416. As set forth above, from at least 2011 through the present, Defendants
17 knowingly presented or caused to be presented to the State of Tennessee false or
18 fraudulent claims for payment or approval in violation of Tenn. Code Ann. §71-5-
19 182(a)(1)(A).

20 417. By virtue of the false or fraudulent claims submitted or caused to be
21 submitted by Defendants, the State of Tennessee suffered actual damages and
22 therefore is entitled to multiple damages under the Tennessee Medicaid False Claims
23 Act, to be determined at trial, plus a civil penalty for each violation.

24 **COUNT EIGHTY-EIGHT**

25 **VIOLATION OF THE TENNESSEE MEDICAID FALSE CLAIMS ACT**

26 **TENN. CODE ANN. §71-5-182(a)(1)(B)**

27 418. Relator incorporates by reference the allegations set forth in the
28 foregoing paragraphs as though fully set forth herein.

1 419. This is a claim for penalties and treble damages under the Tennessee
2 Medicaid False Claims Act.

3 420. As set forth above, from at least 2011 through the present, Defendants
4 knowingly made, used, or caused to be made or used false records or statements
5 material to a false or fraudulent claim submitted to the State of Tennessee in
6 violation of Tenn. Code Ann. §71-5-182(a)(1)(B).

7 421. By virtue of the false or fraudulent claims submitted or caused to be
8 submitted by Defendants, the State of Tennessee suffered actual damages and
9 therefore is entitled to multiple damages under the Tennessee Medicaid False Claims
10 Act, to be determined at trial, plus a civil penalty for each violation.

11 **COUNT EIGHTY-NINE**

12 **VIOLATION OF THE TENNESSEE MEDICAID FALSE CLAIMS ACT**

13 **TENN. CODE ANN. §71-5-182(a)(1)(C)**

14 422. Relator incorporates by reference the allegations set forth in the
15 foregoing paragraphs as though fully set forth herein.

16 423. This is a claim for penalties and treble damages under the Tennessee
17 Medicaid False Claims Act.

18 424. As set forth above, from at least 2011 through the present, Defendants
19 knowingly conspired together to commit violations of the Tennessee Medicaid False
20 Claims Act in violation of Tenn. Code Ann. §71-5-182(a)(1)(C).

21 425. By virtue of the false or fraudulent claims submitted or caused to be
22 submitted by Defendants, the State of Tennessee suffered actual damages and
23 therefore is entitled to multiple damages under the Tennessee Medicaid False Claims
24 Act, to be determined at trial, plus a civil penalty for each violation.

COUNT NINETY

VIOLATION OF THE TEXAS MEDICAID FRAUD PREVENTION LAW

TEX. HUM. RES. CODE §36.002(1)

426. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

427. This is a claim for penalties and treble damages under the Texas Medicaid Fraud Prevention Law.

428. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the State of Texas false or fraudulent claims for payment or approval in violation of Tex. Hum. Res. Code §36.002(1).

429. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Texas suffered actual damages and therefore is entitled to multiple damages under the Texas Medicaid Fraud Prevention Law, to be determined at trial, plus a civil penalty for each violation.

COUNT NINETY-ONE

VIOLATION OF THE TEXAS MEDICAID FRAUD PREVENTION LAW

TEX. HUM. RES. CODE §36.002(4)(A)

430. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

431. This is a claim for penalties and treble damages under the Texas Medicaid Fraud Prevention Law.

432. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the State of Texas in violation of Tex. Hum. Res. Code §36.002(4)(A).

433. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Texas suffered actual damages and therefore

1 is entitled to multiple damages under the Texas Medicaid Fraud Prevention Law, to
2 be determined at trial, plus a civil penalty for each violation.

3 **COUNT NINETY-TWO**

4 **VIOLATION OF THE TEXAS MEDICAID FRAUD PREVENTION LAW**

5 **TEX. HUM. RES. CODE §36.002(9)**

6 434. Relator incorporates by reference the allegations set forth in the
7 foregoing paragraphs as though fully set forth herein.

8 435. This is a claim for penalties and treble damages under the Texas
9 Medicaid Fraud Prevention Law.

10 436. As set forth above, from at least 2011 through the present, Defendants
11 knowingly conspired together to commit violations of the Texas Medicaid Fraud
12 Prevention Law in violation of Tex. Hum. Res. Code §36.002(9).

13 437. By virtue of the false or fraudulent claims submitted or caused to be
14 submitted by Defendants, the State of Texas suffered actual damages and therefore
15 is entitled to multiple damages under the Texas Medicaid Fraud Prevention Law, to
16 be determined at trial, plus a civil penalty for each violation.

17 **COUNT NINETY-THREE**

18 **VIOLATION OF THE VERMONT FALSE CLAIMS ACT**

19 **32 VT. STAT. ANN. §631(a)(1)**

20 438. Relator incorporates by reference the allegations set forth in the
21 foregoing paragraphs as though fully set forth herein.

22 439. This is a claim for penalties and treble damages under the Vermont
23 False Claims Act.

24 440. As set forth above, from at least 2011 through the present, Defendants
25 knowingly presented or caused to be presented to the State of Vermont false or
26 fraudulent claims for payment or approval in violation of Vt. Stat. Ann. §631(a)(1).

27 441. By virtue of the false or fraudulent claims submitted or caused to be
28 submitted by Defendants, the State of Vermont suffered actual damages and

1 therefore is entitled to multiple damages under the Vermont False Claims Act, to be
2 determined at trial, plus a civil penalty for each violation.

3 **COUNT NINETY-FOUR**

4 **VIOLATION OF THE VERMONT FALSE CLAIMS ACT**

5 **32 VT. STAT. ANN. §631(a)(2)**

6 442. Relator incorporates by reference the allegations set forth in the
7 foregoing paragraphs as though fully set forth herein.

8 443. This is a claim for penalties and treble damages under the Vermont
9 False Claims Act.

10 444. As set forth above, from at least 2011 through the present, Defendants
11 knowingly made, used, or caused to be made or used false records or statements
12 material to a false or fraudulent claim submitted to the State of Vermont in violation
13 of Vt. Stat. Ann. §631(a)(2).

14 445. By virtue of the false or fraudulent claims submitted or caused to be
15 submitted by Defendants, the State of Vermont suffered actual damages and
16 therefore is entitled to multiple damages under the Vermont False Claims Act, to be
17 determined at trial, plus a civil penalty for each violation.

18 **COUNT NINETY-FIVE**

19 **VIOLATION OF THE VERMONT FALSE CLAIMS ACT**

20 **32 VT. STAT. ANN. §631(a)(12)**

21 446. Relator incorporates by reference the allegations set forth in the
22 foregoing paragraphs as though fully set forth herein.

23 447. This is a claim for penalties and treble damages under the Vermont
24 False Claims Act.

25 448. As set forth above, from at least 2011 through the present, Defendants
26 knowingly conspired together to commit violations of the Vermont False Claims Act
27 in violation of Vt. Stat. Ann. §631(a)(12).

28 449. By virtue of the false or fraudulent claims submitted or caused to be

submitted by Defendants, the State of Vermont suffered actual damages and therefore is entitled to multiple damages under the Vermont False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT NINETY-SIX

VIOLATION OF THE VIRGINIA FRAUD AGAINST TAXPAYERS ACT

VA. CODE ANN. §8.01-216.3(A)(1)

450. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

451. This is a claim for penalties and treble damages under the Virginia Fraud Against Taxpayers Act.

452. As set forth above, from at least 2011 through the present, Defendants knowingly presented or caused to be presented to the Commonwealth of Virginia false or fraudulent claims for payment or approval in violation of Va. Code Ann. §8.01-216.3(A)(1).

453. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the Commonwealth of Virginia suffered actual damages and therefore is entitled to multiple damages under the Virginia Fraud Against Taxpayers Act, to be determined at trial, plus a civil penalty for each violation.

COUNT NINETY-SEVEN

VIOLATION OF THE VIRGINIA FRAUD AGAINST TAXPAYERS ACT

VA. CODE ANN. §8.01-216.3(A)(2)

454. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

455. This is a claim for penalties and treble damages under the Virginia Fraud Against Taxpayers Act.

456. As set forth above, from at least 2011 through the present, Defendants knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim submitted to the Commonwealth of Virginia

1 in violation of Va. Code Ann. §8.01-216.3(A)(2).

2 457. By virtue of the false or fraudulent claims submitted or caused to be
3 submitted by Defendants, the Commonwealth of Virginia suffered actual damages
4 and therefore is entitled to multiple damages under the Virginia Fraud Against
5 Taxpayers Act, to be determined at trial, plus a civil penalty for each violation.

6 **COUNT NINETY-EIGHT**

7 **VIOLATION OF THE VIRGINIA FRAUD AGAINST TAXPAYERS ACT**

8 **VA. CODE ANN. §8.01-216.3(A)(3)**

9 458. Relator incorporates by reference the allegations set forth in the
10 foregoing paragraphs as though fully set forth herein.

11 459. This is a claim for penalties and treble damages under the Virginia
12 Fraud Against Taxpayers Act.

13 460. As set forth above, from at least 2011 through the present, Defendants
14 knowingly conspired together to commit violations of the Virginia Fraud Against
15 Taxpayers Act in violation of Va. Code Ann. §8.01-216.3(A)(3).

16 461. By virtue of the false or fraudulent claims submitted or caused to be
17 submitted by Defendants, the Commonwealth of Virginia suffered actual damages
18 and therefore is entitled to multiple damages under the Virginia Fraud Against
19 Taxpayers Act, to be determined at trial, plus a civil penalty for each violation.

20 **COUNT NINETY-NINE**

21 **VIOLATION OF THE WASHINGTON STATE**

22 **MEDICAID FRAUD FALSE CLAIMS ACT**

23 **WASH REV. CODE §74.66.020(1)(a)**

24 462. Relator incorporates by reference the allegations set forth in the
25 foregoing paragraphs as though fully set forth herein.

26 463. This is a claim for penalties and treble damages under the Washington
27 State Medicaid Fraud False Claims Act.

28 464. As set forth above, from at least 2011 through the present, Defendants

1 knowingly presented or caused to be presented to the State of Washington false or
2 fraudulent claims for payment or approval in violation of Wash. Rev. Code
3 §74.66.020(1)(a).

4 465. By virtue of the false or fraudulent claims submitted or caused to be
5 submitted by Defendants, the State of Washington suffered actual damages and
6 therefore is entitled to multiple damages under the Washington State Medicaid Fraud
7 False Claims Act, to be determined at trial, plus a civil penalty for each violation.

8 **COUNT ONE-HUNDRED**

9 **VIOLATION OF THE WASHINGTON STATE**

10 **MEDICAID FRAUD FALSE CLAIMS ACT**

11 **WASH. REV. CODE §74.66.020(1)(b)**

12 466. Relator incorporates by reference the allegations set forth in the
13 foregoing paragraphs as though fully set forth herein.

14 467. This is a claim for penalties and treble damages under the Washington
15 State Medicaid Fraud False Claims Act.

16 468. As set forth above, from at least 2011 through the present, Defendants
17 knowingly made, used, or caused to be made or used false records or statements
18 material to a false or fraudulent claim submitted to the State of Washington in
19 violation of Wash. Rev. Code §74.66.020(1)(b).

20 469. By virtue of the false or fraudulent claims submitted or caused to be
21 submitted by Defendants, the State of Washington suffered actual damages and
22 therefore is entitled to multiple damages under the Washington State Medicaid Fraud
23 False Claims Act, to be determined at trial, plus a civil penalty for each violation.

COUNT ONE-HUNDRED-AND-ONE

VIOLATION OF THE WASHINGTON STATE

MEDICAID FRAUD FALSE CLAIMS ACT

WASH. REV. CODE §74.66.020(1)(c)

470. Relator incorporates by reference the allegations set forth in the foregoing paragraphs as though fully set forth herein.

471. This is a claim for penalties and treble damages under the Washington State Medicaid Fraud False Claims Act.

472. As set forth above, from at least 2011 through the present, Defendants knowingly conspired together to commit violations of the Washington State Medicaid Fraud False Claims Act in violation of Wash. Rev. Code §74.66.020(1)(c).

473. By virtue of the false or fraudulent claims submitted or caused to be submitted by Defendants, the State of Washington suffered actual damages and therefore is entitled to multiple damages under the Washington State Medicaid Fraud False Claims Act, to be determined at trial, plus a civil penalty for each violation.

PRAYER FOR RELIEF

WHEREFORE, the United States and Relator demand that judgment be entered against Defendants and in favor of the Relator and the United States as follows:

On the first through one-hundred-and-first causes of action under the federal False Claims Act (and as amended and equivalent state statutes), a judgment for the amount of the United States' and the States' damages, multiplied by three as required by law, and such civil penalties as are permitted or required by law; the maximum share amount allowed pursuant to 31 U.S.C. § 3730(d) and applicable State laws; all costs and expenses of this action, including attorney fees, expenses and costs as permitted by 31 U.S.C. § 3730(d) and applicable State laws; and all such other relief as may be just and proper.

1 Dated: July 23, 2018

Respectfully submitted,

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3
4 KURT RAMLO
LEVENE, NEALE, BENDER, YOO & BRILL
L.L.P.

5
6
7 Gregory M. Utter * (OH Bar No. 0032528)
Joseph M. Callow, Jr. * (OH Bar No. 0061814)
8 KEATING MUETHING & KLEKAMP PLLC

9
10 Joel D. Hesch * (DC Bar No. 421822)
11 THE HESCH FIRM, LLC

12
13 **ATTORNEYS FOR RELATORS,**
NICK FINCH and NICK SACCOMANNO
14 * *Pro hac vice applications forthcoming*

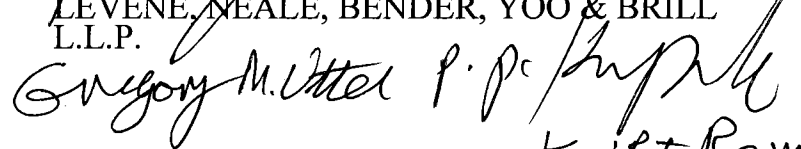
REQUEST FOR TRIAL BY JURY

Pursuant to Rule 38 of the Federal Rules of Civil Procedure, Relator hereby demands a trial by jury.

Dated: July 23, 2018

Respectfully submitted,


KURT RAMLO
LEVENE, NEALE, BENDER, YOO & BRILL
L.L.P.


Gregory M. Utter * (OH Bar No. 0032528)
Joseph M. Callow, Jr. * (OH Bar No. 0061814)
KEATING MUETHING & KLEKAMP PLLC


Joel D. Hesch * (DC Bar No. 421822)
THE HESCH FIRM, LLC

ATTORNEYS FOR RELATORS,
NICK FINCH and NICK SACCOMANNO
** Pro hac vice applications forthcoming*

Exhibit A

One Standard Across the Care Continuum

BSM-6000 series
bedside monitors



Breaking Down Barriers to Care

The Institute of Healthcare Improvement's triple aim—designed to push quality initiatives while simultaneously fostering marketplace efficiencies—has rippled across the healthcare continuum. Advancement simply for the sake of change is not enough; it must enhance healthcare in some way. Improvements must be quantifiable, as well as qualifiable. Care must be coordinated. Every clinician must manage greater risk as patients present with multiple comorbidities. To navigate this dynamic, providers across the spectrum—from the smallest practices to the largest health systems—need allies capable of helping them remain ahead of the rapidly shifting environment while ensuring the highest quality of care for patients.



Nihon Kohden is that ally.

A leader in precision medical products and services, only Nihon Kohden offers reliable, integrated multi-modality products that serve patients across all care areas. We bring quality clinical solutions that provide access to a deeper, more comprehensive level of information, enabling more accurate diagnoses and ultimately, better outcomes.

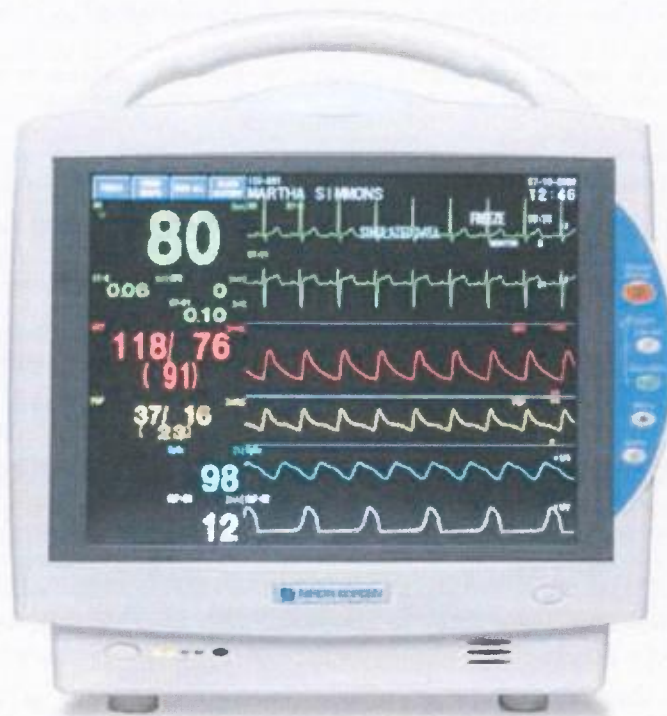
Premium-as-Standard Design

We believe every patient deserves the highest standard of care. Nihon Kohden's premium-as-standard philosophy is the belief that every monitor should be fully appointed with features—both standard and premium—unlocked and ready to use at a moment's notice. This ensures that our technology can be employed in the broadest range of acuity levels and seamlessly transition between care areas as patient need dictates.

The BSM-6000 series of monitors offer unrivaled technology that works across the healthcare continuum and realizes our premium-as-standard philosophy, allowing providers to deliver care without compromise.

Some of our premium-as-standard capabilities include:

- Comprehensive arrhythmia detection and recall, including advanced Atrial Fibrillation algorithm
- Multi-waveform/multi-parameter full disclosure
- ST segment analysis as well as diagnostic 12 lead ECG capability
- Drug, hemodynamic and pulmonary calculations

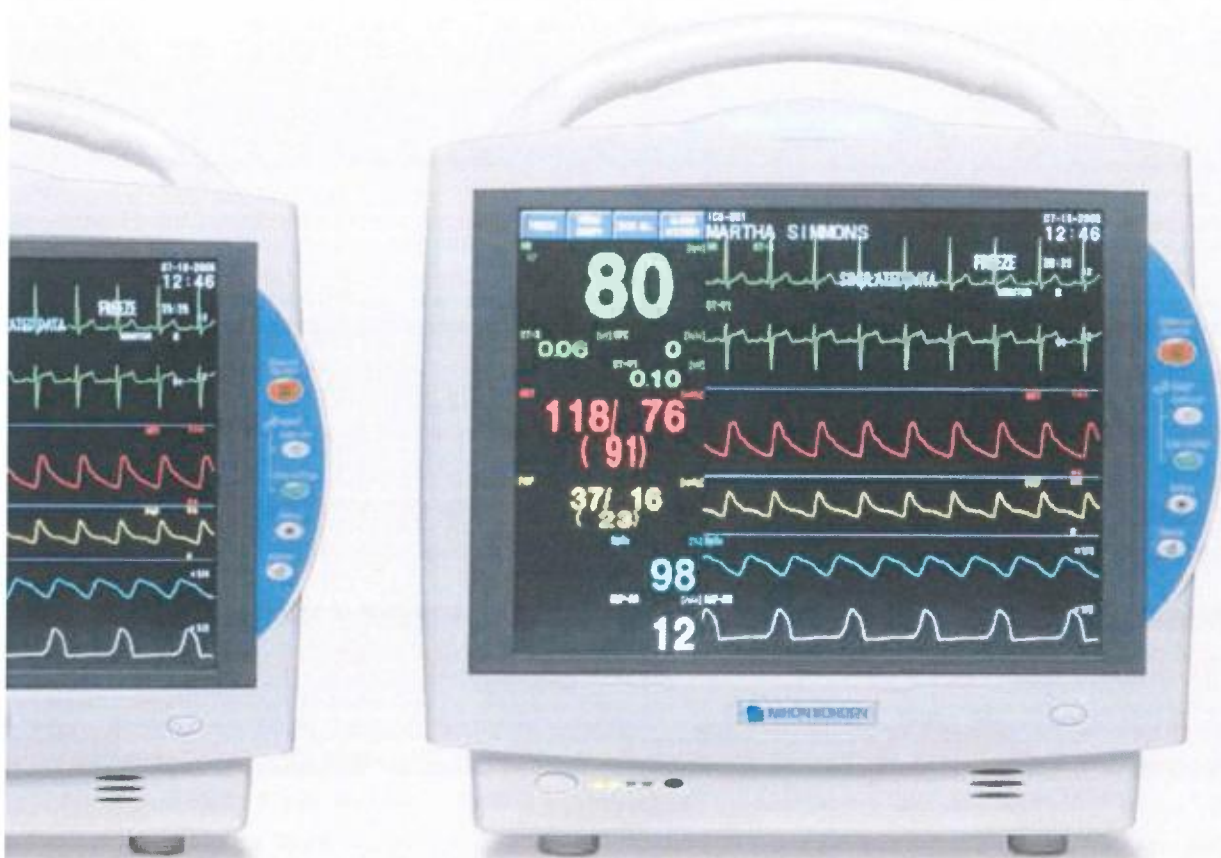


BSM-6301
10.4-inch LCD



BSM-6501
12.1-inch LCD

Nihon Kohden's unique Smart Cable™ technology miniaturizes circuits found in traditional modules and embeds that circuitry into a Smart Patient Cable. When you plug a Smart Cable into a Multiport, the associated parameter is automatically detected, displayed and measured. With this technology, you'll get parameter flexibility at a significantly reduced cost with seamless and immediate access to blood pressure, cardiac output, EtCO₂, temperature, BIS, EEG and more, when and where you need it for rapid clinical assessment across care areas.



BSM-6701
15-inch LCD



Arrhythmia

The BSM-6000 Series provides high accuracy multi-lead arrhythmia detection and storage of over 16,000 arrhythmia events. Each event is time-linked to the full disclosure waveforms to determine what led up to, and what followed, the captured event.



Full Disclosure

Full disclosure waveforms allow you to validate alarm and numeric findings and to make treatment decisions based on more accurate monitored data. The BSM-6000 Series provides storage and review capabilities at the bedside monitor that are typically found only in a central station.



ST Template

Multi-lead ST segment monitoring provides you with continuous oversight to transient changes in your patients' cardiac condition and are stored minute-to-minute in the monitor for comparison.

Redefining Transport

Continuity of monitored care during transport ensures the highest quality of care for patients. The unique design of Nihon Kohden's BSM-1700 Transport monitor and the BSM-6000 redefines transport monitoring. Simply disconnect the BSM-1700 Transport monitor from the BSM-6000 monitor or Data Acquisition Unit and your patient can be transported with all monitoring capabilities remaining the same. When the patient is transferred to their new care setting and the BSM-1700 is reconnected to another BSM-6000 or Life Scope G9 monitor and patient information, including full disclosure, is uploaded to the new bedside display creating one seamless, reliable patient record enhancing workflow and care coordination. Patient transport using the wireless option for the BSM-1700 provides uninterrupted Central Station Monitoring and WLAN Transport that manages your patient data automatically.



One additional benefit of the Data Acquisition Unit is that it can be extended via an umbilical cord to be located on a bed rail, gurney or IV pole next to the patient. This alleviates the hassles associated with cable management at the bedside. Since the Data Acquisition Unit contains user function keys, it can be placed on either side of the patient for optimal clinical workflow efficiency.



 **NIHON KOHDEN**
us.nihonkohden.com

MMLB 011 (C)-CO-1072

Different Thinking for
Better Healthcare.[®]

Different Thinking for Better Healthcare is a registered trademark of Nihon Kohden.

Transport Monitor

BSM-1700



One Standard
of Care Across
the Continuum
of Care



- Functions as a compact stand-alone monitor, transport monitor or as an Input Unit for a BSM-6000, BSM-9000 or Life Scope G9 series bedside monitor
- Allows seamless transfer of data between bedside monitors and central stations
- 5 hour battery life
- Lightweight at only 3.4 lbs
- High-resolution touch screen display
- Comprehensive data storage:
 - Up to 72 hours full disclosure waveforms
 - Tabular & graphical trends
 - Arrhythmia recall files
 - ST recall files

Specifications

Transport Monitor

BSM-1700

BSM-1700

DISPLAY		Temperature:	
Display Size:	5.7" Touch Screen Display		Measuring range: 0 to 45°C Number of channels: 2 maximum
Display Modes:	Standard, Transport	Cardiac Output:	Measuring method: Thermodilution method Measuring range: Injectate temperature (TI): 0°C to 27°C Blood temperature (Tb): 15°C to 45°C Thermodilution curve (delta Tb): 0°C to 2.5°C Cardiac output (CO): 0.5 to 20 L/min
Maximum Number of Waveform Traces:	9 traces	BIS:	Input channels: 1 or 2 (depends on the BIS sensor type) Measuring parameters: Bispectral Index(BIS), 95% Spectral Edge Frequency (SEF95), Suppression Ratio (SR), EMG, Signal Quality Index (SQI)
Display Waveforms:	ECG (up to 12 leads), respiration, IBP (up to 3 traces), SpO ₂ pulse wave, CO ₂ , CO thermodilution Curve, BIS	CO₂:	CO ₂ measuring range: 0 to 100 mmHg Respiration rate counting range: 3 to 150 breaths/min
Numerical Data Display:	Heart rate, VPC rate, ST level, respiration rate, SpO ₂ , pulse rate, temperature, NIBP (systolic, diastolic, MAP), IBP (systolic, diastolic, mean), EtCO ₂ , FICO ₂ , cardiac output, cardiac index, injectate temperature, blood temperature, BIS, SEF95, SR, EMG, SQI	STORED PATIENT DATA	
ALARMS		Trendgraph:	Trend parameters: All monitored parameters Trend display time: Up to 72 hours
Alarm Items:	Upper/lower limits alarm, arrhythmia alarm	Vital Signs List:	Trend parameters: All monitored parameters Data Storage: Periodic: 4320 (1 per minute for 72 hours)
Alarm Levels:	Crisis (red blinking), Warning (yellow blinking), Advisory (yellow or blue light)	NIBP:	2,048 files
Alarm Indication:	Alarm indicator, highlighted message, alarm sound	Full Disclosure:	Storage time: Up to 72 hours Number of Waveforms stored: 5 maximum
Alarm Suspend:	1, 2, or 3 min or off	Alarm History:	Number of entries: 32,768 files
PARAMETERS		Hemodynamics Trend Table:	Number of entries: 2,048 files
ECG:	Number of electrodes: 3, 6 or 10 Frequency response: Diagnosis mode: 0.05 to 150 Hz Monitor mode: 0.3 to 40 Hz Maximum filter mode: 1 to 18 Hz Heart Rate Counting range: 0, 15 to 300 beats/min Arrhythmia analysis method: Multi-template matching software algorithm VPC counting rate: 0 to 99 VPCs/min Arrhythmia alarms: ASYSTOLE, VF, VT, V BRADY, EXT TACHY, EXT BRADY, SV TACHY, VPC RUN, TACHYCARDIA, BRADYCARDIA, COUPLET, EARLY VPC, MULTIFORM, V RHYTHM, PAUSE, BIGEMINY, TRIGEMINY, VPC, IRREGULAR RR, PACER NON-CAPTURE, PROLONGED RR, NO PACER PULSE, (NOISE, CHECK ELECTRODES, LEARNING)	Arrhythmia Recall:	Number of files: 32,768 files
ST Level Measurement:	Number of measurement channels: Up to 12 Measuring range: ± 2.5 mV	ST Recall:	Number of files: 4,320 files (1 per minute for 72 hours) for all monitoring leads
Respiration (Impedance Pneumography):	Measuring range: 0 to 150 breaths/min	12 Lead Interpretive Recall:	Number of files: 18 files
SpO₂:	Measuring Technology: Nihon Kohden, Massimo or Nellcor Measuring Display Range: 0 to 100% (70 to 100% at specified accuracy) Pulse rate from SpO ₂ Range: 25 to 300 beats/min (varies by SpO ₂ technology)	POWER REQUIREMENT	
Non Invasive Blood Pressure, NIBP:	Measuring method: Oscillometric Cuff Pressure display range: 0 to 300 mmHg	DC (SB-170P Lithium Ion Battery Pack):	9.0 to 12.6 V
Invasive Blood Pressure, IBP:	Number of channels: Up to 3 Measuring range: -50 to 300 mmHg Pulse rate from IBP range: 0, 30 to 300 beats/min	Battery operation time:	5 hours
		With SC-170R Cradle:	Line voltage AC 100V to 240V
		Line Frequency:	50 or 60 Hz
		Power Input:	80 VA
		DIMENSIONS AND WEIGHT	
		Dimensions:	147Wx 194H x 94D mm
		Weight:	1.57 kg with battery pack

Bedside Monitor Specification Comparison

Accute Care/Hospital Market					ASC Market ONLY	
G9		TR6000	TR6000	TR6000	TPM	TR3000
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700	BSM-3500
						
Type		Display				Display
Resolution		Color LCD	Color LCD	Color LCD	Color LCD	Color LCD
Number Of Traces		21.5"	15"	12.1"	10.4"	12"
Touchscreen Operation		1920 x 1080	1024 x 768	800 x 600	800 x 600	800 x 600
User Programmable Multi-Function Keys		17	15	15	15	14
Remote Control		Yes	Yes	Yes	Yes	Yes
ECG Leads on Main Screen		Yes, 20	Yes, 4	Yes, 4	Yes, 4	Yes, 4
Number of Viewable ECG Leads (any screen)		Yes, Optional	Yes, Optional	Yes, Optional	Yes, Optional	Yes, Optional
Number Of ECG Electrodes		Parameters				Parameters
SpO ₂ , NIBP		Up to 12	Up to 3	Up to 3	Up to 3	Up to 3
		12	12	12	12	12
		3, 6 or 10	3, 6 or 10	3, 6 or 10	3, 6 or 10	3, 6, or 10
		Yes (Configured)	Yes (Configured)	Yes (Configured)	Yes (Configured)	Yes (Configured)

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

	Parameters				
	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)
IBP, CO ₂ , Cardiac Output	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)
FiO ₂ Thermistor Respiration	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)	Yes (Smart Modular Cable)
Temperature	Yes 2 Configured 2 Smart Cable	Yes 2 Configured 2 Smart Cable	Yes 2 Configured 2 Smart Cable	Yes 2 Configured 2 Smart Cable	Yes 2 Configured 2 Smart Cable
BIS	Yes (Smart Modular Cable, or External Device)	Yes (Smart Modular Cable, or External Device)	Yes (Smart Modular Cable, or External Device)	Yes (Smart Modular Cable, or External Device)	Yes (Smart Modular Cable)
Multi-Connectors					
Number of Multi-Connectors	7 Options to Expand to 11	3 or 7 Depending upon Model	3 or 7 Depending upon Model	1, 3 or 7 Depending upon Model	3
Recorder					
3 Channel	Yes, Optional	Yes, Optional	Yes, Optional	Yes, Optional	No
Battery Operation					
Standard or Optional	Standard	Standard	Standard	Optional	Optional
Operation Time	1 battery = 3 min	2 batteries = 2 hrs	2 batteries = 3 hrs	2 batteries = 3 hrs	5 hrs

TR3000	Yes (Smart Modular Cable)
BSM-3500	Yes (Smart Modular Cable)
	Yes 2 Configured 2 Smart Cable
	Yes (Smart Modular Cable, or External Device)
Multi-Connectors	
	2
Recorder	
	Yes, Optional
Battery Operation	
	Optional
	1 battery = 1.5 hrs

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

Monitor Functions					
Full Disclosure	5 Waves for 168 Hours, 8 Waves for 96 Hours, 35 Waves for 24 Hours	5 Waves 72 Hours Standard (24 Hours if X-Port Data is on)	5 Waves 72 Hours Standard (24 Hours if X-Port Data is on)	5 Waves 72 Hours Standard (24 Hours if X-Port Data is on)	5 Waves 72 Hours Standard (24 Hours if X-Port Data is on)
	168 Hours	72 Hours	72 Hours	72 Hours	72 Hours
Graphical Trends	168 Hours for up to 108 Parameters	4,320 Files (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files (72 Hours, 24 Hours if X-Port Data is On)
Tabular Trends	1,008 Files (168 Hours)	1,024 Files (72 hours, 24 hours if X-Port Data is on)	1,024 Files (72 hours, 24 hours if X-Port Data is on)	1,024 Files (72 hours, 24 hours if X-Port Data is on)	1,024 Files (72 Hours, 24 Hours if X-Port Data is on)
NIBP Tabular Trends	60,480 Files (168 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)
Arrhythmia Recall	302,400 Files for the Past (168 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)	16,348 Files (72 Hours)
Alarm History	10,080 Files	4,320 Files, 12 Leads, Standard (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files, 12 Leads, Standard (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files, 12 Leads, Standard (72 Hours, 24 Hours if X-Port Data is On)	4,320 Files, 12 Leads, Standard (72 Hours, 24 Hours if X-Port Data is On)
ST Recall					

TR3000	
BSM-3500	

Monitor Functions	
5 Waves 72 Hours Standard	
72 Hours	
4,320 Files (72 Hours)	
1,024 Files (72 Hours)	
16,348 Files (72 Hours)	
16,348 Files (72 Hours)	
4,320 Files, 12 Leads, Standard	

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

	Monitor Functions				
	Yes	Yes	Yes	Yes	N/A
Drug Calculations	Yes				
Interpretive 12 Lead ECG Storage	672 Files (72 Hours)	18 Files (72 Hours)	18 Files (72 Hours)	18 Files (72 Hours)	18 Files (72 Hours)
Hemodynamic Calculations	1,008 Files	1,024 Files	1,024 Files	1,024 Files	1,536 Files
Pulmonary Calculations	1,008 Files	512 Files (72 Hours)	512 Files (72 Hours)	512 Files (72 Hours)	N/A
Interbed Display	Yes, with 16 Bed Views	Yes, with 16 Bed Views	Yes, with 16 Bed Views	Yes, with 16 Bed Views	Yes, with 9 Bed Views
MAC Display (minimum alveolar concentration)	Yes	Yes	Yes	Yes	N/A
Data Transport with Upload to CNS	Yes	Yes	Yes	Yes	Yes
ECG					
Multi-Lead Arrhythmia Processing	Yes, Dual Lead	Yes, Dual Lead	Yes, Dual Lead	Yes, Dual Lead	Yes, Dual Lead
Interpretive 12-Lead ECG	Yes	Yes	Yes	Yes	Yes

TR3000	
BSM-3500	

Monitor Functions	
Yes	
18 Files (72 Hours)	
1,024 Files	
512 Files (72 Hours)	
Yes, with 20 Dual Bed Views	
Yes	
No	
ECG	
Yes, Dual Lead	
Yes	

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

SpO2 Technology	SpO2				
	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2
Method	NIBP				
	Oscillometric	Oscillometric	Oscillometric	Oscillometric	Oscillometric
Special NIBP Modes	Staged Interval and Venous Puncture	Staged Interval and Venous Puncture	Staged Interval and Venous Puncture	Staged Interval and Venous Puncture	Staged Interval and Venous Puncture
	Invasive Pressure (IBP)				
Number of Channels	Up to 8 Depending on Number of Multiport Connectors	Up to 7 Depending on Number of Multiport Connectors	Up to 7 Depending on Number of Multiport Connectors	Up to 7 Depending on Number of Multiport Connectors	Up to 3
CPP Display (Cerebral Perfusion Pressure for ICP)	Yes	Yes	Yes	Yes	No
Hardwired Central Communications	Communications				
	Yes	Yes	Yes	Yes	Yes, when using SC-170R Docking Station

TR3000	BSM-3500
---------------	-----------------

SpO2	Nellcor OxyMax, Masimo SET or Nihon Kohden SpO2
NIBP	Oscillometric
Staged Interval and Venous Puncture	Staged Interval and Venous Puncture
Invasive Pressure (IBP)	Up to 2
Yes	Yes
Communications	Yes

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

Communications					
W-LAN (Wireless) Central Communications	N/A	Optional, Requires QI-420-PA	Optional, Requires QI-420-PA	Optional, Requires QI-420-PA	Yes (QI-170P)
ECG Output	Yes	Yes	Yes	Yes	Yes
IBP Output	Yes	Yes	Yes	Yes	Yes
External monitor output	Yes, Using Data Export Cable YS-094P2	Optional, Requires QI-671P and Standard Video Cable	Optional, Requires QI-671P and Standard Video Cable	Optional, Requires QI-671P and Standard Video Cable	No
Laser Printer Documentation without Central	Yes	Yes	Yes	Yes	Yes, when using SC-170R Docking Station or WLAN
Laser Printer Documentation with Central	Yes	Yes	Yes	Yes	Yes, when using SC-170R Docking Station or WLAN
USB Interface to External Devices	Yes	Optional, Requires QI-672P. Supports USB Mouse or Bar Code Scanner.	Optional, Requires QI-672P. Supports USB Mouse or Bar Code Scanner.	Optional, Requires QI-672P. Supports USB Mouse or Bar Code Scanner.	No

TR3000	
BSM-3500	

Communications	
Optional, Requires QI-420-PA	
Yes	
Yes	
Optional, Requires QI-372P	
Yes	
Yes	
Optional with QI Equipped Models. No USB.	

G9		TR6000	TR6000	TR6000	TPM
CSM-1901		BSM-6700	BSM-6500	BSM-6300	BSM-1700

External Device Interfaces					
Maximum Number of External Devices	3 Standard on G9 CPU, 5 with DAU Additional 6 with Junction Box	5 (Optional, 1 with QI-671P and 4 with QI-672P)	5 (Optional, 1 with QI-671P and 4 with QI-672P)	1 with QI-632P or 3 with QI-634P	N/A
Ventilators	Yes	Yes	Yes	Yes	N/A
CCO/SvO ₂	Yes	Yes	Yes	Yes	N/A
Oridion MicroStream CO ₂	Yes	Yes	Yes	Yes	N/A
SpO ₂ for dual SpO ₂	Yes	Yes	Yes	Yes	Yes, with JL-500 P1
Anesthesia Carts	Yes	Yes	Yes	Yes	N/A
TcPO ₂ Units	Yes	Yes	Yes	Yes	N/A
Aspect BIS Monitor	Yes, External Interface or BISx Through Multiport Connector	Yes, External Interface or BISx Through Multiport Connector	Yes, External Interface or BISx Through Multiport Connector	Yes, External Interface or BISx Through Multiport Connector	N/A
Anesthetic Gas Module (AG-920RA)	Yes	Yes, Requires QF-904P Interface	Yes, Requires QF-904P Interface	Yes, Requires QF-904P Interface	N/A

TR3000	
BSM-3500	

External Device Interfaces	
2 (Optional with QI Equipped models)	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes, External Interface or BISx Through Multiport Connector	
Yes, Requires QF-904P Interface	

G9	TR6000	TR6000	TR6000	TPM
CSM-1901	BSM-6700	BSM-6500	BSM-6300	BSM-1700

TR3000
BSM-3500

Dimension and Weight					Dimension and Weight	
Dimensions, in. (W,H,D)	Main Unit: 16 x 12.7 x 14.4 Display: 21.5	16.4 x 15.4 x 7.5	13.5 x 13.9 x 7.2	12.4 x 12.8 x 7.4	5.8 x 7.6 x 3.7	14.5 x 12.2 x 6.7
Weight, lbs	Main Unit: 27.5 Display: 12.1	22.7	18.3	11.7	3.5 (including Battery)	13.6
List Price	From \$31,800.00 to \$34,000.00	From \$17,490.00 to \$26,600.00	From \$15,250.00 to \$23,200.00	From \$8,220.00 to \$12,660.00	From \$7,560.00 to \$7,830.00	From \$3,900.00 to \$6,262.00

Bedside Monitor

BSM-3500



Quality Vital Sign Monitoring

- Compact, configured monitor with touchscreen display for ease of operation
- Ideal for ambulatory and specialty surgery centers
- Premium-as-standard design, providing all software options with base model
- Multiple Smart Cable™ ports for optimal parameter flexibility
- Comprehensive storage of multiple parameters to guide treatment decisions, including:
 - Arrhythmia detection and recall
 - ST analysis and recall
 - cap-ONE® Mainstream CO₂ sensor for intubated and non-intubated patients
 - Tabular and graphical trends
 - Full disclosure waveforms
 - Diagnostic 12-lead ECG

Specifications

Bedside Monitor BSM-3500

BSM-3500

DISPLAY

Display Size:	12.1" color TFT type LCD
Display Characteristics:	Resolution: 800 x 600. Touch screen with six quick access hard keys
Maximum Number of Waveform Traces:	Up to 14 traces
Display Waveforms:	ECG (up to 12), respiration, IBP (up to 2), SpO ₂ pulse wave, CO ₂ , BIS EEG (up to 2 traces), vent PAW, vent Flow, and CO Thermodilution curve. When gas is monitored: O ₂ concentration curve, CO ₂ concentration curve, anesthetic agent concentration (Halothane, Isoflurane, Enflurane, Sevoflurane, Desflurane) Analog input

Numerical Data Display:

Heart rate, VPC rate, ST level, RR respiration rate, NIBP (systolic, diastolic, mean), IBP (systolic, diastolic, mean), SpO₂, SpO₂-2, delta SpO₂, pulse rate, temperature, CO, CI, Ti (injectate temperature), Tb (blood temperature), O₂ concentration, EtCO₂, BIS, inspired/ expired N₂O concentration, inspired/ expired CO₂, inspired/ expired O₂ concentration, inspired/ expired anesthetic agent concentration (Halothane, Isoflurane, Enflurane, Sevoflurane, Desflurane), MAC (minimum alveolar concentration), Ppeak (peak airway pressure), PEEP (positive end expiratory pressure), Pmean (mean airway pressure), MV (minute volume), TVi (inspiratory tidal volume), TVe (expiratory tidal volume), C (compliance), R (airway resistance), Ri (inspiratory airway resistance), Re (expiratory airway resistance), I:E (inspiration expiration ratio), SEF (90 or 95% spectral edge frequency), MDF (median frequency), PPF (peak power frequency), TP (total power), TP power of frequency, TOF, CCO, SVRI, SvO₂, EF, ScvO₂, CCI, EDV, SVR, EDVI, PCCO, PCCI, tcPO₂, tcPCO₂, PPV, SPV

ALARMS

Alarm Items:	Vital sign alarms, arrhythmia alarms, technical alarms and operational alarms
Alarm Levels:	Crisis (red blinking), Warning (yellow blinking), Advisory (yellow or blue light)
Alarm Indication:	Alarm indicator (360° visibility) highlighted message, alarm sound
Alarm Suspend:	1, 2, or 3 min

PARAMETERS

ECG:	Number of ECG waveforms channels: up to 12 Frequency response: Diagnosis mode: 0.05 to 150 Hz Monitor mode: 0.3 to 40 Hz Maximum filter mode: 1 to 18 Hz Heart Rate Counting range: 0, 15 to 300 beats/min Arrhythmia Analysis method: Multi-template software algorithm VPC counting rate: 0 to 99 VPCs/min Arrhythmia alarms: ASYSTOLE, VF, VT, V RHYTHM, V BRADY, EXT TACHY, EXT BRADY, AF, VPC RUN, COUPLET, EARLY VPC, BIGEMINY, TRIGEMINY, FREQ VPC, PROLONGED RR, SV TACHY, TACHYCARDIA, BRADYCARDIA, VPC, MULTIFORM, IRREGULAR RR, NO PACER PULSE, PACER NON-CAPTURE, PAUSE
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ST Level Measurement:	Number of measurement channels: up to 12 Measuring range: ± 2.5 mV
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Respiration (Impedance or Thermistor Method):	Measuring range: 0 to 150 breaths/min
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SpO₂:	Measuring Technology: Nihon Kohden, Masimo or Nellcor Measuring Display Range: 0 to 100% (70 to 100% at specified accuracy) Pulse rate from SpO ₂ Range: 0, 30 to 300 beats/min (varies by SpO ₂ technology)
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Non Invasive Blood Pressure, NIBP:	Measuring method: Oscillometric Cuff Pressure display range: 0 to 300 mmHg
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Invasive Blood Pressure, IBP:	Measuring range: -50 to 300 mmHg Pulse rate display range from IBP range: 30 to 300 beats/min
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Temperature:	Measuring range: 0 to 45°C Number of channels: 2 with Delta Temp
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Cardiac Output:	Measuring method: Thermodilution method Measuring range: Injectate temperature (Ti): 0°C to 27°C Blood temperature (Tb): 15°C to 45°C Thermodilution curve (delta Tb): 0°C to 2.5°C Cardiac output (CO): 0.5 to 20 L/min
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Inspired Oxygen Fractional Concentration:	Measuring range: 10 to 100%
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CO₂:	CO ₂ measuring range: 0 to 150 mmHg Respiration rate counting range: 0 to 150 breaths/min
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BIS:	Input channels: 2 Measuring parameters: Bispectral Index (BIS), 95% Spectral Edge Frequency (SEF90, SEF95), Suppression Ratio (SR), EMG, Signal Quality Index (SQI)
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STORED PATIENT DATA

Trendgraph:	Trend parameters: All monitored parameters Trend display time: Up to 72 hours
Vital Signs List:	All monitored parameters for up to 72 hours (1 per minute for 72 hours)
NIBP:	Number of entries: 1,024 files
HEMO List:	Number of entries: 1,024 files
Full Disclosure:	Storage time: Up to 72 hours Number of Waveforms stored: 5 maximum
ST Recall:	Number of files: 4,320 files (1 per minute for 72 hours) for all monitoring leads
Alarm History:	Number of entries: 16,384 files
Arrhythmia Recall:	Number of files: 16,384 files
12-Lead Interpretive Recall:	Number of files: 18 files
OCRG:	Storage capacity: 72 hours

RECORDER (option)

Recording Method:	Thermal array recording
Number of Channels:	3 traces (maximum)

POWER REQUIREMENT

AC:	100 to 240 V $\pm 10\%$
Line Frequency:	50 or 60 Hz
Battery Operation Time (option):	Up to 90 minutes
Power Consumption:	AC 100 VA

DIMENSIONS AND WEIGHT

Dimensions:	370 W x 310 H x 172 D mm
Weight:	6.2kg

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